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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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Name:	Hanna Andersson Gift Card, LLC	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:		
Hanna Andersson	n Gift Card, LLC	Lisbility Company,	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre		. , .	
<u>Prin</u>	cinal Office Address:		Mailing Address:
2398 Grand Cypr Space 215 Lutz, FL 33559	ess Drive		NE 19th Ave. and, OR 97232-2832
The Limited Liability Comp.	any cannot serve as its own	Registered Agent. Y	t's Signature: ou must designate an individual or
The Limited Liability Comp. another business entity with a	any cannot serve as its ow an active Florida registrati	n Registered Agent. Yon.)	
The Limited Liability Comp. another business entity with a	any cannot serve as its ow an active Florida registrati	n Registered Agent. Y on.) d agent are:	
The Limited Liability Comp. another business entity with a	any cannot serve as its own on active Florida registration cet address of the registere	n Registered Agent. Y on.) d agent are:	
The Limited Liability Comp. another business entity with a	any cannot serve as its own on active Florida registration cet address of the registere	n Registered Agent. Yon.) d agent are: htem Name	
The Limited Liability Comp. another business entity with a	any cannot serve as its own active Florida registration active Florida registration and active Florida registere address of the registere CT Corporation Systems 1200 South Pine Isl	n Registered Agent. Yon.) d agent are: htem Name	ou must designate an individual or
ARTICLE III - Registered at The Limited Liability Companother business entity with a The name and the Florida street.	any cannot serve as its own active Florida registration active Florida registration and active Florida registere address of the registere CT Corporation Systems 1200 South Pine Isl	n Registered Agent. Yon.) d agent are: stem Name and Road	ou must designate an individual or

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Bv:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

9L052 - 2/16/2011 Wolters Klewer Orline

Title: "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	
AMBR	Hanna Andersson, Lt.C 608 NE 19th Ave.
	Portland, OR 97232-2832
V: Effective date, if other than the date of fetive date is listed, the date must be specififfling.)	. ,
ctive date is listed, the date must be specifi filing.)	the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of fetive date is listed, the date must be specififfling.) the date inserted in this block does not meet	the and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will notate's records.
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