Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

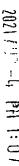
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## FLORIDA LIMITED LIABILITY CO.

# Crazy Amazing LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

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	v	ı,	٠.	1757		* ASSESSED.

The name of the Limited Liability Company is:

Crazy Amazing LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
1211 Avenue of the Americas 40th Fl	c/o Lance Harris	
New York NY 10036	1211 Avenue of the Americas 40th Floor	
	New York, NY 10036	

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration)

The name and the Florida street address of the registered agent are

BlumbergExcelsion	Corporate Services, I	inc.
	Name	
155 Office Plaza Dr	ive, 1st Fl.	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
Tallahassee	FL	32301
City	State	Zip

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.,

Gose Mojica, Asst Sec.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2

ARTI	ICLE	IV-
		-

The name and address of each person authorized to manage and control the Limited Liability Company.

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Marcy Simon
2007	c/o Lance Harris 1211 Avenue of the Americas
	40th Floor New York, NY 10036
	<u> </u>
	Si: + -
	2:
	<b>43</b>
(Use attachment if necessary)	
CLEV- Effective date if other than the date of filing	g:(OPTIONAL)
	ed cannot be more than five business days prior to or 90 days
ate of filing.)	• • • • • • • • • • • • • • • • • • • •
	applicable statutory filing requirements, this date will not be lis-
ocument's effective date on the Department of State	's records
TCLE VI: Other provisions, if any.	
	<u></u>
SPAUIDES GLAN PEPDE.	
REQUIRED SIGNATURE:	

Veronica Jonzalez
Signature of a member or an adihoraed representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.\$17.155, F.S.

Veronica Gonzalez c/o Blumberg

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)