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EFEORIDA/FOREIGN LIMITED LIABILITY CO.

The Wild Wheels Group LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. The Wild Wheels Group LLC (Name of Foreign Limited Liability Company) 2. Massachusetts 3, 20-5209594 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. July 7, 2006 perpetual (Date of Organization) (Duration: Year limited liability company will cease to 6. Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 17 Mercer Road, Natick, MA 01760 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Philip D. Bart, 10920 Blue Palm Street, Plantation, FL 33324 Steven Forman, 17 Mercer Road, Natiok, MA 01760 Kevin P. Troy, Member, 17 Mercer Road, Natick, MA 01760 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: To develop, manufacture and sell toys. To engage in any lawful act or activity permitted. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the panalties of perjury that the facts stated herein are true.)

\$1.057 - MOSFOF C'T Symon Collec

Kevin P. Troy

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Li	lability Company is:	ب
The Wild Wheels Group LLC		
2. The name and the Florida s	treet address of the registered agent and offi	ce are:
	C T Corporation System	•
	(Name)	
	1200 South Pine Island Road	
F	orida Street Address (P.O. Box NOT ACCEPTABLE)	 -
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· · · · · · · · · · · · · · · · · · ·	Plantation, Florida 33324 City/State/Zip	S. STEP C
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agent and agree to act in this co relating to the proper and comp	sell- V/Og	ovisions of all statutes liar with and accept the
W. and the second secon	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered A \$ 30.00 Certified Copy (optional)	\g ent

FL05? - 9109/05 C T System Gellen



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02183

October 24, 2006

TO WHOM IT MAY CONCERN:

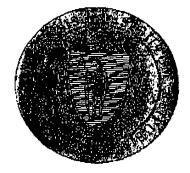
I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

THE WILD WHEELS GROUP LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 7, 2006.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.

SECRETARY OF PRATIONS
DIVISION CET 26 PH 4: 51



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

ellian Francis Gallein

Secretary of the Commonwealth

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