

DO NOT PUBLISH THIS

SECTION

AZ CORPORATION COMMISSION FILED

ARTICLE I

The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C. "L.C.", "LLC" or "LC". If you are the holder or assignee of a tradename or trademark, attach Declaration of Tradename Holder form.

ARTICLE 2 May be in care of the statutory agent.

ARTICLE 3

The statutory agent must provide a street address. If statutory agent has P.O. Box, then they must also provide a street address/location. The agent must sign the Articles or provide a consent to acceptance of appointment.

The agent must consent to the appointment by executing the consent.

ARTICLES 4

Complete this section only if you desire to select a date or occurrence when the company will dissolve. If perpetual duration is desired, leave this section blank.

SEP 2 1 2006 ARTICLES OF ORGANIZATION

A.R.S. §29-632

1. Name. The name of the limited liability company is:

Parachute, LLC

Known Place of Business. The address of the company's known place of 2. business in Arizona is:

918 E. Fremont Dr.

3. Statutory Agent. (In Arizona) The name and street address of the statutory agent of the company is:

Acceptance of Appointment By Statutory Agent

Leon

____, having been designated to act as

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

Signature of Statutory Agent

[If signing on behalf of a company serving as statutory agent, print company name here]

Dissolution. The latest date, if any, on which the limited liability company 4. must dissolve is:

				しーしょ	0 • .
DO NOT PUBLISH THIS SECTION	5. <u>Management</u> .				
ARTICLE 5 Check which management structure will be applicable to your company. Provide	Management of the limited liabil managers. The names and addr	esse	es of each per	son who is a n	nanager <u>AND</u>
name, title and address for each person.	each member who owns a twenty profits of the limited liability cor			er interest in t	he capital or
, I	David Goldman	-	Leor	Lapid	
Name:	Xmember Xmanager			[x] manager	
Address:	60 Fairview Ave		1918 E	Fremont	Dr
City, State, Zip;	Wood cliff Lake NJ 076	77	Tempe	AZ 852	82
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Nama				F.3	
Name	[] member [] manager		[] member	[] manager	
Address:	-				
City, State, Zip:	<u> </u>				
	Management of the limited liabile. The names and addresses of each	-			e members.
Name:	[] member		[] member		
Address:					<u> </u>
City, State, Zip:					
Name:			4		
	[] member		[] member		
Address:			-		
City, State, Zip:					
TT	EVECUTED this 19th day of	C	1 \	_	
The person(s) executing this document need not be	EXECUTED this day of	26	ptember		_•
manager or member(s) of the company.		Ŋ	ler the	-/	
	[Signature]		[Signatu		
×. ^ \ \	David Goldman	L	cor Lapiu	{	
Your fax and phone number is optional.	[Print Name Here]		[Print]	Name Here]	-
	PHONE (480) 323-0936		FAX		
LL:0004 Rev. 09/05	See A.R.S. §29-601 et seq. for more info.				