A06000001201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JSM

10/11

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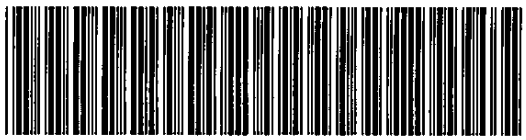

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09/28/06--01022--020 **1008.75

FILED
06 OCT 11 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2006

ALVIN R PRICE
7749 NORMANDY CROSSING
JACKSONVILLE, FL 32221

SUBJECT: PARTY WORLD LP
Ref. Number: W06000042953

We have received your document for PARTY WORLD LP and your check(s) totaling $1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 606A00058126

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Party World
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

ALVIN R PRICE
(Contact Person)

Party World
(Firm/Company)

7749 Normandy Crossing Suite 115
(Address)

Jacksonville FL 32221
(City, State and Zip Code)

For further information concerning this matter, please call:

William Isaac at (904) 781 5353
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

$1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)	$1,008.75 Filing Fees and Certificate of Status	$1,052.50 Filing Fees and Certified Copy	$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. Party World LP of Jacksonville

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 7749 Normandy Crossing Suite 115
(Street address of initial designated office)
Jacksonville Fl 32221

3. William Isaac
(Name of Registered Agent for Service of Process)

4. 4627 Javeline St
(Florida street address for Registered Agent)
Middleburg Fl 32068

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TALLAHASSEE, FLORIDA

5. *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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

William Isaac
Signature of Registered Agent

6. 7749 Normandy Crossing Suite 115
(Mailing address of initial designated office)
Jacksonville Fl 32221

7. If limited partnership elects to be a limited liability limited partnership, check box .

8. Name and business address of each general partner:

Name:	Business Address:
Alvin R Price	7749 Normandy Crossing Suite 115 Jacksonville FL 32221
William Isaac	7749 Normandy Crossing Suite 115 Jacksonville FL 32221

9. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 25-th day of September 2006

Signature of each general partner:

William Isaac

Alvin Price

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**