

W4 0000 30102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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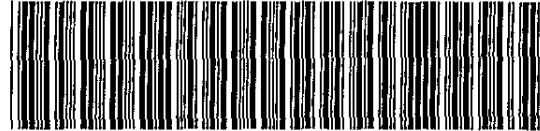
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 14, 2004

JEAN REYNOLDS
8492 ROCK KNOLL DRIVE
JACKSONVILLE, FL 32221

SUBJECT: PARTY ROYALE TRANSPORTATION INC LLC
Ref. Number: W04000014482

We have received your document for PARTY ROYALE TRANSPORTATION INC LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 904A00024635

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

PARTY ROYALE TRANSPORTATION Inc. LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean H. REYNOLDS
(Name of Person)

PARTY ROYALE TRANSPORTATION Inc. LLC
(Firm/Company)

8792 Rock Knoll DR.
(Address)

JACKSONVILLE FL 32221
(City/State and Zip Code)

For further information concerning this matter, please call:

Jean H. Reynolds
(Name of Person)

at 904 6934247
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Party Royale Transportation, LLC

ARTICLE II - Address:

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

Principal Office Address:

8492 Rock Knoll Dr
Jacksonville FL
32221

Mailing Address:

Same

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

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

Jean H. Reynolds
Name
8492 Rock Knoll Dr.
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FLORIDA 32221
City, State, and 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 608, Florida Statutes..

Jean H. Reynolds
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

mgr

mgrm

mgrm

JEAN H. REYNOLDS
8492 Rock Knoll Dr
Jacksonville, FL 32221
HENRY CHAWFORD
1631 TRUMPET VINE CT
JACKSONVILLE, FL 32225
CLIFFORD THREETS
1417 SEVEN OAKS PK
JACKSONVILLE FL 32274

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JEAN H. REYNOLDS
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)