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XIOMARA LEE, P.A.

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

HAPPY HOUR PARTY RENTAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAPPY HOUR PARTY RENTAL LLC.**ARTICLE II - Address:**

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

Principal Office Address:220 SE 9 STHALLANDALE, FL, 33009**Mailing Address:**220 SE 9 STHALLANDALE, FL, 33009

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

SONIA GIORDANO

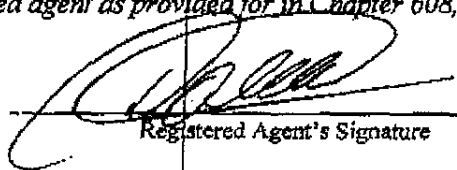
Name

220 SE 9 STFlorida street address (P.O. Box **NOT** acceptable)HALLANDALE, FLORIDA 33009

City, State, and Zip

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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..


 Registered Agent's Signature

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(CONTINUED)

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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:MGRMDANIEL COLMAN220 SE 9 STHALLANDALE, FL, 33009MGRMSONIA GIORDANO220 SE 9 STHALLANDALE, FL, 33009

(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.)

Typed or printed name of signeeFILED
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