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MJH

TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	Party Fun	Rentals, LLC 1 Liability Company)	
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
	Cindy 1	L. CArson	
	<i>y</i> (n	Name of Person)	
	Party Fun	Rentals, LLC	
	(F	Firm/Company)	
	170 Mariner	- Blud., Ste. 9	9
		(Address)	
***************************************	Spring Aill, A	FL 33609 State and Zip Code)	
For further information of	concerning this matter, please of	call:	
Cindy Ca	of Person)	at (813) 966- (Area Code & Daytime Te	2477
	r the following amount:	·	
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Fun Res	itals, LLC
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
170 Mariner Blod. Ste. 99 Spring Hill, FL 33609	170 Mariner Blud. Ste. 99 Spring Hill, FL 33609
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the a Robert W. Name	registered agent are:
2028 Des	tona Blud.
	dress (P.O. Box <u>NOT</u> acceptable) FL 34606 and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Robertsham	
Registered Agent's	
(CONTIN	UED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mer	nber
MGRM	Cindy L. Carson 2028 Deltona Blud.
140.45	Spring Hill, FL 34606
MGRM	Kaye E. Binder
	15,324 Lancer Blud.
	Spring Hill FL 34610
MGRM	William E. Binder Sr.
	15324 Lancer Blud.
	15324 Lancer Blue. Spring Hill, FL 34610
MGRM	Robert W.S. CArson Sr.
	2028 Deltona Blod.
	Spring Hill, FL 34W4
(Use attachment if necessar NOTE: An additional art	y) ricle must be added if an effective date is requested.
REQUIRED SIGNATUR	E:
/	lindy G. Can
Signature	of a member or an authorized representative of a member.
of this docu	unce with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
	Cindy L. Carson Typed or printed name of signee
	syped of printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)