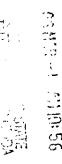
L06000022014

(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: 308, 10, 61, 61, 61, 62, 63, 64, 64, 64, 64, 64, 64, 64, 64, 64, 64
Man



700063849067

03/01/06--01005--012 **150,00



COVER LETTER

4 / 2

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation)			
SUBJECT:	he Part	y Palace Liability Company)	y LLC.
The enclosed Articles of C	Organization and fee(s) are su	abmitted for filing.	
Please return all correspon	ndence concerning this matter	r to the following:	
A11e	en B Wi	IMP of Person)	
_		4 Palace	
_), Box C	- •··	
		(Address)	, ,
Ca	lahan,	Fla, 320 State and Zin Code)	11
	(Lity/	State and Zip Code)	
For further information con	ncerning this matter, please o	call:	
Allen BW (Name of	Millernson (Person)	at (904) 237- (Area Code & Daytime Te	13793 lephone Number)
Enclosed is a check for t	the following amount:		
	3130.00 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301



February 13, 2006

ALLEN B WILKINSON PO BOX 659 CALLAHAN, FL 32011

SUBJECT: THE PARTY PALACE, LLC

Ref. Number: W06000006789

We have received your document for THE PARTY PALACE, LLC and check(s) totaling \$160.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 406A00010273

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Party Palace, LLC.
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
PO, Box 659 PO, Box 659 Callahan, Fla,
32011 32011
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Adam Boraux
Name
17013 DAK Hill Rd
Florida street address (P.O. Box NOT acceptable)
Hilliard B 32047
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, F.S
(11) B 121

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = M "MGRM" =	anager Managing Member	Name and Address:	
Allen (Wilkinson	P.O. Box 659 Callahan, Fl. 32011	
			160 - 151 TO
		22	
	<u></u>		
(Use attachm	nent if necessary)		
CLE V: Effec	nent if necessary) tive date, if other than the listed, the date must ne date of filing.)	he date of filing: (OPTIONAL) the specific and cannot be more than five business days prior	
CLE V: Effec effective date 0 days after th	tive date, if other than the is listed, the date must		
CLE V: Effecteffective date: O days after the	tive date, if other than the listed, the date must ne date of filing.)		
CLE V: Effec effective date 0 days after th	tive date, if other than this listed, the date must ne date of filing.) SIGNATURE: All L		

Fling 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)

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

Page 2 of 2