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FLORIDA/FOREIGN LIMITED LIABILITY CO.

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FunTastic Inflatable Jumpers LLC

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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## FAX AUDIT # H06000156740 3

## ARTICLES OF ORGANIZATION **OF** FunTastic Inflatable Jumpers LLC

## ARTICLE I

NAME

The name of the limited liability company shall be: FunTastic Inflatable Jumpers LLC

## **ARTICLE II**

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 10953 Wingate Road, Jacksonville, Florida 32218.

#### INITIAL REGISTERED AGENT & STREET ADDRESS ARTICLE III

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

#### ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

#### ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Willie Jones, 10953 Wingate Road, Jacksonville, Florida 32218

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200

Madison, WI 53717

(608) 827-5300

# FAX AUDIT # H06000156740 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: FunTastic Inflatable Jumpers LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Mark Schiff AVP

Date: June 13, 2006

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06 JUN 13 PM 6: 41

SECRETARY OF STATE
TALLAHASSEE OF STATE