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SECRETARY OF STATE DIVISION OF CERPORATION



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	(Name of Limited Liability Company)			
The en	closed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	Timothy B. and Cassondra L. Woodruff (Name of Person)			
Planet Jump, L.L.C.				
(Firm/Company)				
1527 S. Myrtle Ave.				
	Clearwater, FL 33756			
	(City/State and Zip Code)			
(City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:				
For further information concerning this matter, please call: COSSONDOVA L. WOODY Hat (727) HUI-7723 (Name of Person) (Area Code & Daytime Telephone Number)				
,	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$125	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•			
Planet Jump. L	LC.			
(Must end with the words "Limited Liability Company, "Limited	d 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:			
1527 S. Myrtle Ave Clearwater PL 33756	1527 S. Myrthe Ave Charwater FL 33756			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are:			
<u>Cossondra L</u>	. Woodruff			
Cassandra L. Woodruff Name 1627 S. Myrtle Ave Florida street address (P.O. Box NOT acceptable) 232751				
Florida street address (P.O. Box NOT acceptable)				
<u> Clarwater</u> City, State, as	FL JJ /JU			
Having been named as registered agent and to a	ccept service of process for the above stated limited			
registered agent and agree to act in this capacity	is certificate, I hereby accept the appointment as \overline{G} . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and			
	tered agent as provided for in Chapter 608, F.S			
Cosonaushin				
Registered Agent's Signatu	re (REQUIRED)			

(CONTINUED)
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 Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** ember 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

Typed or 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)

that the facts stated herein are true.)