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Office Use Only



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COVER LETTER S

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: ZERO GRAVITY BOUNCE HOUSE, LLC. | | | | |
| (Name of Limited Liability Company) | | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| MARIA WATERS | | | | |
| (Name of Person) | | | | |
| REGISTERED AGENT | | | | |
| (Firm/Company) | | | | |
| 7051 SW 10TH COURT | | | | |
| (Address) | | | | |
| Pembroke Pines, Fl 33023 | | | | |
| (City/State and Zip Code) | | | | |
| For Souther to Compare to the second to the second to the second to the second to | | | | |
| For further information concerning this matter, please call: | | | | |
| Gladys I. Concepcion at 954 495-8367 | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, \$\bigcup \\$Certificate of Status & Certified Copy (additional copy is enclosed) 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 Cor | npany is: | |
|--|--|--|
| ZERO GRAVITY BOUNCE | | |
| (Must end with the words "Li | mited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address | s of the principal office of the Limited | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 7163 NW 49 PL | 7163 NW 49 PL | |
| Lauderhill, FI 33319 | Lauderhill, FI 33319 | |
| ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration. | s own Registered Agent. You must designate an in | |
| The name and the Florida street address | ss of the registered agent are: | OT SECON |
| Ma | aria Waters | EFICAL AND |
| | Name | SSE |
| 7051 SV | N 10TH COURT | mc = C |

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..

Pembroke Pines, FI 33023
City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Moria E. Waters.

Registered Agent's Signature (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:

| <u>Title:</u> | Name and Address: | |
|---------------------------|---|---------------------------------------|
| "MGR" = Mana | | |
| "MGRM" = Ma | anaging Member | |
| MGRM | Gladys I. Concepcion | |
| | 7163 NW 49 PL | |
| | Lauderhill, FI 33319 | |
| MGRM | Bryan Colon | |
| 111011111 | 5971 NW 45 AVE | |
| | Lauderhill, Fl 33319 | |
| | | |
| MGRM | Jennifer Concepcion | |
| | 7163 NW 49 PL | |
| | Lauderhill, FI 33319 | |
| • | | |
| | | |
| | - | |
| | | |
| (Use attachmen | nt if necessary) | |
| • | • * | |
| ARTICLE V: Effective | e date, if other than the date of filing: 12/01/07 | (OPTIONAL) |
| If an effective date is l | listed, the date must be specific and cannot be more than five | business days prior |
| o or 90 days after the o | date of filing.) | |
| | / | |
| DEOLUDED C | CONATUDE. | |
| <u>REQUIRED</u> S | IGNATURE: | |
| | | |
| | Lady Conception | |
| | Signature of a member or an authorized representative of a memb | er. As o |
| | (In accordance with section 608.408(3), Florida Statutes, the execution | CE SK |
| | of this document constitutes an affirmation under the penalties of perjuthat the facts stated herein are true.) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Gladys I. Concepcion | FILED P 13 AM HASSEE, I |
| | Typed or printed name of signee | - EE, F |
| | | <u>.</u> |
| Filing Fee | es: | 22 References |
| \$125.00 Filing | Fee for Articles of Organization and Designation | D |

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