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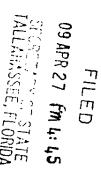
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B. KOHR APR 2 8 2009

EXAMINER



COVER LETTER

°TO: **Registration Section** Division of Corporations SUBJECT: My Pole Party (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: Heather Leigh Brockney (Name of Person) My Pole Party (Firm/Company) 5947 Asturian Trail (Address) Lake Worth, FL 33449 (City/State and Zip Code) For further information concerning this matter, please call: Heather L. Brockney (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & **■\$155.00** Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	100
My Pole Party, LLC	y Company, "L.L.C.," or "LLC.") ncipal office of the Limited Liability Companies:
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	To F.
The mailing address and street address of the pri	ncipal office of the Limited Liability Companyis:
Principal Office Address:	Mailing Address:
5947 Asturian Trail	(same)
Lake Worth, FL 33449	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Heather Leigh Brockney	
Name	
5947 Asturian Trail	
Florida street adda	ress (P.O. Box NOT acceptable)
Lake Worth, FL 33	44 9
City, State, an	nd Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . 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..

(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 MGR Heather Leigh Brockney 5947 Asturian Trail Lake Worth, FL 33449 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: April 20, 2009 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member 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 that the facts stated herein are true.) 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)