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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

D. BRUCE

AUG 25 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Party Fever Entertainment, 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:
Scott T. Huston Name of Person
Party Fever Entertainment, LLC
PO Box 21 Address
Lake Geneva, FL 32160 City/State and Zip Code
Party Fever entertainment @ yahou. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Huston at 352 473-6988 58 7
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Party Fever Entertainment, LLC. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company	is:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8041 SR 100 F	P. O. BOX21
Keystone Hts, FL	Lake Geneva, Fc
32656	32160

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.)

business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	99 SEC 99
Scott T. Huston	AUG 21 AHASS
SOUL SR 100 E Florida street address (P.O. Box NOT acceptable)	AMII YOF SI
Keystone Hts FL 32656 City, State, and Zip	: 57

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..

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Scott T Huston 8041 SR 100 E Keystone Hts, FL 32656
	
(Use attachment if necessary)	
CLE V: Effective date, if other than teffective date is listed, the date must	the date of filing: (OPTIONAL) to be specific and cannot be more than five business days prior
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory	t be specific and cannot be more than five business days prior Luclo aber or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must of days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of the effective date, if other than the effective date, if other date must determine the effective date and effective date.	be specific and cannot be more than five business days prior ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution enstitutes an affirmation under the penalties of perjury herein are true.)
CLE V: Effective date, if other than the effective date is listed, the date must of days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of this document contact the facts stated.	be specific and cannot be more than five business days prior the specific and cannot be more than five business days prior the specific and cannot be more than five business days prior and the specific and cannot be more than five business days prior business days prior and cannot be more than five business days prior business days prior and cannot be more than five business days prior business days prior and cannot be more than five business days prior business days prior and cannot be more than five business days prior business days prior

\$ 5.00 Certificate of Status (Optional)