

L10000059072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

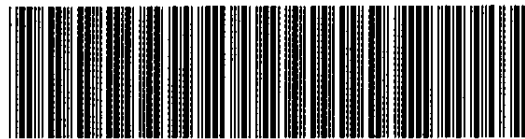
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/01/10--01053--022 \*\*130.00

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10 JUN -1 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 2 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUMP ON IT INFLATABLES 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:

JOAN WELCH

Name of Person

JUMP ON IT INFLATABLES LLC

Firm/Company

3329 GATOR BAY CREEK BLVD

Address

SAINT CLOUD, FL 34772

City/State and Zip Code

jumponitinflatables@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAN WELCH

Name of Person

at (321)

689-2132

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JUMP ON IT INFLATABLES 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:

**Principal Office Address:**

3329 GATOR BAY CREEK BLVD  
SAINT CLOUD, FL 34772

**Mailing Address:**

3329 GATOR BAY CREEK BLVD  
SAINT CLOUD, FL 34772

**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.)

The name and the Florida street address of the registered agent are:

JOAN WELCH

Name

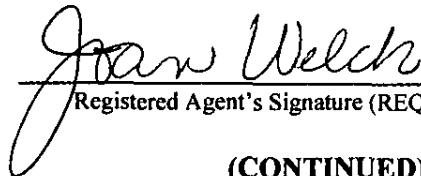
3329 GATOR BAY CREEK BLVD

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

SAINT CLOUD FL 34772

City, State, and Zip

*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)**

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TALLAHASSEE, FL 32309

The name and address of each Manager or Managing Member is as follows:

**"MGRM" = Managing Member**

SAINT CLOUD, FL 34772

**MGR**

SAINT CLOUD, FL 34772

(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.)

Jean Welch  
Signature of a member or an authorized

(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

**\$ 5.00 Certificate of Status (Optional)**