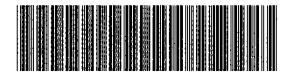
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Ñan	ne)
, (Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD JAN 12 2011 EXAMINER



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## **COVER LETTER**

Division of Cor			
<sub>SUBJECT:</sub> King	of Bounce Tamp	oa LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
Ken Are	na PA		
	10, 1 7 1.	Name of Person	
Ken Arei	na Accounting &	Tax Service	
<del></del>	<u> </u>	Firm/Company	
912 Lithi	a Pinecrest Road	1	
<u></u>		Address	
Brandon.	FL 33511-6121		
		ty/State and Zip Code	
kingofbour	ncetampa@gmail.co	om	
	E-mail address: (to be used	for future annual report notification)	
For further information c	oncerning this matter, pleas	e call:	
Ken Arena, EA		at ( 813 ) 341-2501	
Name o	f Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 C Tallahassee, FL 32301	ircle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	me: Limited Liability Con	npany is:			
	ounce Tampa fust end with the words "Li	LLC mited Liability Company, "L.I	L.C.," or "LLC.")		
ARTICLE II - A The mailing addre		of the principal office	of the Limited Li	iability Company i	is
Principal Office	Address:	Mailing Ad	ldress:		
1108 Pam Drive Brandon, FL 335	10-3016				
(The Limited Liability (business entity with an	Company cannot serve as its active Florida registration.  Florida street addres	s of the registered ager	must designate an indiv		
	Ken Arena, P.	Name			
	912 Lithia	Pinecrest Roa	ad	JAN I	4
	Florid	a street address (P.O. Box 1	NOT acceptable)		3·.
·	Brandon	FL 3351 City, State, and Zip	1-6121	OF STA	-
liability compo registered agent o statutes relating	any at the place desig and agree to act in thi g to the proper and co	nt and to accept service nated in this certificate, is capacity. I further ag mplete performance of i on as registered agent as	I hereby accept the ree to comply with my duties, and I ar	he appointment as h the provisions of a m familiar with and	ai

(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:

"MGRM" = Managing Me	
MGRM	Albert T. Sciacca
	1108 Pam Drive
	Brandon, FL 33510-3016
(Use attachment if necessa	ry)
LE V: Effective date, if oth	ner than the date of filing:January 10, 2011 (OPTION)
	ate must be specific and cannot be more than five business da
days after the date of filin	g.)
REOUIRED SIGNATUR	te:
REQUIRED SIGNATUR	
<u>REQUIRED</u> SIGNATUF	alat. Sim

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

I am aware that any false information submitted in a document to the Department of State

Albert T. Sciacca

Typed or printed name of signee