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11 DEC 13 M ID: 28

SECRETARISE FI ORDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Yellow Balloon 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:
Jamie S. Griffis Name of Person
Yellow Balloon //c
25168 Riding Center dr.
South Riding, VA 20152 City/State and Zip Code
Pat and jamie griffise yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 571 - 269 - 9061
Tamie S. Geiffis at 571 269 - 8864 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{125.00}\$125.00 Filing Fee \$\sum_{130.00}\$ Filing Fee & Certificate of Status \$\sum_{155.00}\$ Filing Fee & Certificate of Status \$\sum_{155.00}\$ Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Yellow Ball (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Yellow Balloon 1/C. 925 N.E. Industrial Blvd. Jensen Beach, FL. 34957	Yellow Balloon I/C 25168 Riding Center dr. South Riding, VA 20152
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the red. Jamie 5.	GRIFFIS GRIFFIS GRIFFIS GRIFFIS
	GRIFFIS Ustrial Blvd. ress (P.O. Box NOT acceptable) FL. 34957
Florida street add <u>Jensen Beach</u> City, Sta	ress (P.O. Box NOT acceptable) FL 34957 P 28
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity	te, and Zip accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all arformance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

Jamis J. Com

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:

"MGR" = Manager "MGRM" = Managing Membe	Name and Address: er
MANAGING	Jamie S. Griffis 10701 S. Ocean dr. #896 Jensen Beach FL, 34957
MANAGER	PATRICK C. Griffis 10701 S. Ocean dr #896 Jensen Beach FL, 34957
effective date is listed, the date i 90 days after the date of filing.)	han the date of filing: <u>Jan 1, 2012</u> . (OPTIONAL) must be specific and cannot be more than five business days p
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other the effective date is listed, the date is 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmatic I am aware that any fall constitutes a third degree	must be specific and cannot be more than five business days p

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)