

L 15000067533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

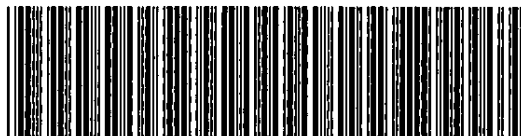
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO DOCUMENT PER
CONVERSATION WITH
DOMINGA AIME 4/17/2015 KS

Office Use Only



700271029647

700271029647
03/30/15--01040--010 **160.00

FILED
2015 MAR 30 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 17 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PUMP BUMP & JUMP INFLATABLES
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:

ODELY & DOMINGA AIME
Name of Person

PUMP BUMP & JUMP INFLATABLES LLC.
Firm/Company

508 EAST KINGS COLLEGE DRIVE
Address

SAINT JOHNS, FLORIDA, 32259
City/State and Zip Code

PBJ.INFLATES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ODELY/ DOMINGA AIME at (904) 6576151
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PUMP BUMP & JUMP 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:

508 EAST KINGS COLLEGE DRIVE
SAINT JOHNS, FLORIDA, 32259

Mailing Address:

508 EAST KINGS COLLEGE DRIVE
SAINT JOHNS, FLORIDA, 32259

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:

ODELY AIME/ DOMINGA AIME

Name

508 EAST KINGS COLLEGE DRIVE

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

SAINT JOHNS

City

FL 32259

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2018 MAR 30 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

ODELY AIME

508 EAST KINGS COLLEGE DRIVE

SAINT JOHNS, FLORIDA, 32259

DOMINGA AIME

508 EAST KINGS COLLEGE DRIVE

SAINT JOHNS, FLORIDA, 32259

FILED
2015 MAR 30 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

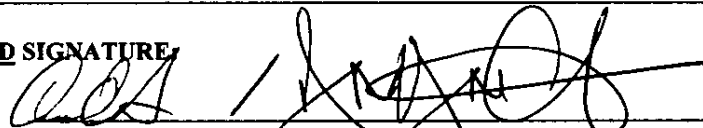
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE


Signature of a member or an authorized representative of a member.
(In accordance with section 895.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ODELY AIME / DOMINGA AIME
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)