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DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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TO ACKNOWLEDGE

SUFFICIENCY OF FILING

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COVER LETTER

TO: Registration Section Division of Corporations	78 9 9 A
SUBJECT: ALABAMA RENTAL PAR	ited Liability Company) Ability Company for Authorization to Transact Business in the shows referenced forming living
The enclosed "Application by Foreign Limited Lia	ibility Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this re	natter to the following:
DAVID WOODA (Na	lu
(Na	me of Person)
ALABAMA RENTA	L PARTNERS, LLC OURTOWN RENTAL
946 AL	Hwy 14 (Address)
ELMORE, AL	36025 ate and Zip Code)
For further information concerning this matter, ple	
DAVID WOODAU (Name of Person)	at (256) 861-0404 (334) 290-7273) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{Filing Fcc} \sum_\$130.00 \text{Filing Fce & Certificate of}\$: □\$155.00 Filing Fee & △\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA KENTAL ABAMA ARTWERS (Name of Foreign Limited Liability Company) 4LABAMA 3. (Jurisdiction under the law of which foreign limited liability company is organized) Date of Organization) (Duration: Year limited liability company will cease (exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine ponalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in, a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida; AMUSEMENT + OF INFLATABLES Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true.) AVID WOODALL Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
ALABAMA RENTAL PARTNERS, LLC	
2. The name and the Florida street address of the registered agent and office are:	OT FEI
JERRY C. HANKS	ELESS IN
12709 FRONT BEACH RD.	EE. FLC
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
PANAMA CITY BEACH/FL 32407 City/State/7hp	P P

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Beth Chapman Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Alabama Rental Partners, L.L.C. organized in the office of Judge of Probate of Elmore County on the February 2, 2006. further certify that the records do not disclose that said Alabama Rental Partners, L.L.C. has been dissolved.

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SECRETARY OF STAIL



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 22, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State