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(City/State/Zip/Phone #)

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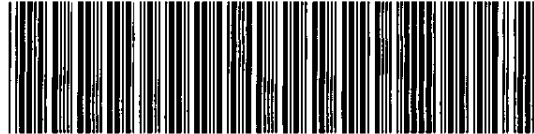
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 3 AM 11:25

B. KOHR
MAR - 4 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Balloon Enterprises, LLC.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

MICHAEL ATTARDI

(Name of Person)

Dream Balloon Enterprises, LLC

(Firm/Company)

1330 Whitney Isles Drive

(Address)

Windermere, FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael ATTARDI

(Name of Person)

at (407) 704-7914

(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:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS
10 MAR - 2011 11:25

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. DREAM BALLOON ENTERPRISES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. NEW JERSEY, USA 3. 26-230-9406
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/21/2008 5. 2009
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")

6. JAN 5, 2010
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. DREAM BALLOON ENTERPRISES, LLC
5750 Major Blvd. Suite # 510 ORLANDO, FL 32819
(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:

MICHAEL ATTARDI - 1330 Whitney Isles Drive, Winderemere FL 34786

GARY MASON - 195 Route 9 South Suite # 204 MANALAPAN, N.J. 07726

ANDRES VAN ROON - 150 Fourth Ave, North Suite G-250 NASHVILLE, TN 37219

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: _____

ANIMATION ART STUDIO

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 perjury that the facts stated herein are true.)

MICHAEL ATTARDI

Typed or printed name of signee

FILED
STATE OF FLORIDA
DEPARTMENT OF REVENUE
10 MAR - 3 AM 11:25

**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:

Dream Balloon Enterprises, LLC.

If name unavailable, the alternate name to be used in the state of Florida is:

Dream Balloon Animation Studios

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

Michael Attardi

(Name)

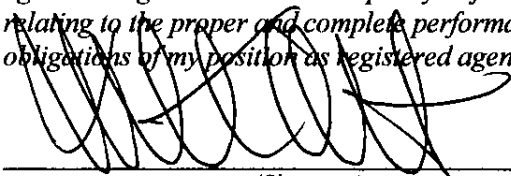
1330 Whitney Isles Drive

Florida Street Address (P.O./Box **NOT** ACCEPTABLE)

Windermere FL 34786

City/State/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, 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)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

DREAM BALLOON ENTERPRISES LLC

0400223030

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 21, 2008.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2009

I further certify that the registered agent and registered office are:

*Gary L Mason Esq
195 Route 9 South Ste 204
Manalapan, NJ 07726*



Certification# 116520478

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
2nd day of March, 2010*

A handwritten signature in black ink, appearing to be "A. J. ...", written over a horizontal line.

Acting State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp