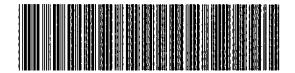
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(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	tus
Special Instructions to Filing Officer:	
W11-54454	

Office Use Only



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THILLE DE STATE SECRETARY OF STATE

J. SAULSBERRY EXAMINER NOV 03 2011

COVER LETTER

	ion of Corporations		
SUBJECT:	It's Party Time, LLC		
	Name of Limited Liability Company		
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Coheck are submitted to register the above referenced foreign limited liability company to transact business		
Please return al	Il correspondence concerning this matter to the following:		
	F Patrick Thompson Name of Person		
	Name of Person		
	Simpson Thumpson & Colin LLC Firm/Company		
	Firm/Company		
	303 N. Capital Ave. Address	2011 NOV -2	3 13
	Address Hri	A01	1
	Covydon, IN 47112 City/State and Zip Code		garagia de
	City/State and Zip Code		Summy!
	E-mail address: (to be used for future annual report notification)	AH 8: 32	لاشتخ
	E-mail address: (to be used for future annual report notification)	\sim	
For further info	ormation concerning this matter, please call:		
<u>G</u>	Name of Person Area Code & Daytime Telephone Number		
	· · · · · · · · · · · · · · · · · · ·		
	<u>ING ADDRESS:</u> <u>STREET ADDRESS:</u> on of Corporations Division of Corporations		
-	ration Section Registration Section 80x 6327 Clifton Building		
	assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a	check for the following amount:		
1 \$125.0	check for the following amount: OF Filing Fee \$\bigcup \frac{\$130.00}{\$130.00}\$ Filing Fee \$\bigcup \frac{\$155.00}{\$Certified Copy}\$ Filing Fee \$\bigcup \frac{\$160.00}{\$Certified Copy}\$ Filing Fee, Certificate of Status \$\bigcup Certified Copy\$		

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

1
(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.")
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. October 11. 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
exist or "perpetual")
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3080 German Ridge Road, Corydon, IN 47112
SAMe
(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 Hiadon
3080 German Ridge Road
Michael Higdon 3080 German Ridge Road Corydon, IN 47112
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: entertainment
business; rental of equipment and supplies pertaining thereto
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. 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.)
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:		
It's Party Time LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	Para-dela de l'America	
Ronald Higdon	2911 N	· · · · ·
(Name) 449 Tharpe Circle Florida Street Address (P.O. Box NOT ACCEPTABLE)	2911 NOV -2	
Tional office Manage (1.6. Box 1.0.1 money)		CT.
Quincy FL 32351	8: 32	€ aem.

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.

\$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CHARLES P. WHITE, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

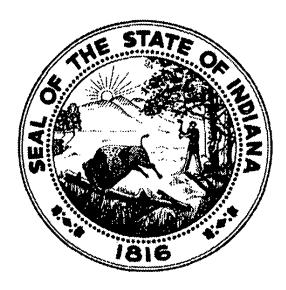
I further certify that records of this office disclose that

IT'S PARTY TIME, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 11, 2011, and was in existence or authorized to transact business in the State of Indiana on October 12, 2011.

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SECRETARY OF STATE
TALLAHASSEE, FLORIC

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twelfth Day of October, 2011.

CHARLES P. WHITE, Secretary of State

Charles P.alute