

December 21, 1999

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Dear Sir or Madam.

Tel: (305) 856-0661

900003090939--5 -01/06/00--01037--003 \*\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: Articles of Organization; Crimetours LLC #\*\*\*\*250.00 \*\*\*\*\*\*90.00

Enclosed please find \$250.00 Filing Fee for Articles of Organization and Affidavit for Crimetours, LLC. I am an organizing member of this company and my

address and daytime phone number are as printed above.

Thank you for your assistance.

.00-1193

Document Examiner

- Under a

Name Availabil

Acknowledg Fent

W. P. Va(i)



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 13, 2000

CHRIS MANCINI 407 LINCOLN ROAD, SUITE 12E MIAMI BEACH, FL 33139

SUBJECT: CRIMETOURS LLC Ref. Number: W00000001072

We have received your document for CRIMETOURS LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 600A00001848

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

CRIMETOURS, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

407 LINCOLN ROAD, SUITE 12-E MIAMI BEACH, FLORIDA 33139

#### ARTICLE III - Duratiou:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

#### ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

CHRIS MANCINI 407 LINCOLN RD SWITE 12-E

MIAMI SEACH, FL 33139

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

# ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The Hanager, with the consent of the Hembers owning a minority interest may admit additional Hembers and shall determine the Capital Contributions of such additional members.

### ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event, which terminates the continued membership of a member in the limited liability company, shall be:

The company shall dissolve upon the death, resignation, expulsion, bankruptcy or dissolution of a Member Chris Mancini, unless within 90 days after the cessation of membership, the remaining members consent in writing to continue the legal existence and business of the company.

iber or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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:	<u>L.C</u> .		
2.	The name and the Florida street address of the registered agent are:	TAL	3	
	CHRIS MANCINI	SECRETARY	FEB -2	FILED
	407 LINCOLN RD, SUITE 12-E Florida street address (P. O. Box NOT ACCEPTABLE)	OF STATE	M 9: 35	Ö
	MIANI BEACHEL 33139 CITY, STATE AND ZEP	DE	ហ	-

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.

SIGNATURE

Filing Fee:\\$ 35 for Designation of Registered Agent