# L00000007270

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Office Use Only

COPPORATION NAME(S)	& DOCUMENT NUMBER(S), (if known):
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(Corporation Name)	(Document #) 200032945428 -06/16/0001032008 ****320.00 ****160.00
Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)  Walk in Pick up time	(Document #)  Certified Copy
☐ Mail out ☐ Will wait	Photocopy  Certificate of Status  AMENDMENTS
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment Name Avaisable Avaisable Control C
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Updater  Updater  Limited Partnership  Reinstatement  Trademark  Other

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABLITY **COMPANY**

#### ARTICLE I-Name of Company

The name of the Limited Liability Company is:

RVNation, L.L.C.

#### **ARTICLE II-Address**

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

1125 US Highway 98 South, Suite 200 Lakeland, Florida 33801

#### **ARTICLE III-Duration:**

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

Perpetual

### **ARTICLE IV-Management:** (check and complete the appropriate 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:						
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The Limited Liability Company is to be managed by the members and the name(s)

address(es) of the managing member(s) is/are:

# 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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: RVNation, L.L.C.		<sup>©</sup> *9∀Fadde
The name and address of the registered agent and office is:		عدد . د
Joseph P. St. John	:	
(NAME)	OO JUN SECRE	- 1 ·
1125 US Highway 98 South, Suite 200	TAS FI	
(P.O. BOX <u>NOT</u> ACCEPTABLE)	LED 5 PM L 5 PM L 5 PM L	1.5 +
Lakeland, Florida 33801 (CITY/STATE/ZIP)	# 20 TATE GRIDA	
	The name and address of the registered agent and office is:	The name and address of the registered agent and office is:

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.

Noseph P. St. John (DATE)

Filing Fee: \$35 for Designation of Registered Agent