

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

# L010000007506

IBid Ft. Lauderdale, LLC

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\*\*\*\*125.00 \*\*\*\*125.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY -9 PM 1:01  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
✓ L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
✓ Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
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UCC 11 Retrieval \_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

5-11-01

W01-10555

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 9, 2001

CAPITAL CONNECTION, INC.

SUBJECT: IBID FT. LAUDERDALE, L.L.C.  
Ref. Number: W01000010555

We have received your document for IBID FT. LAUDERDALE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 201A00028004

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR IBID FT. LAUDERDALE, L.L.C.**

**A LIMITED LIABILITY COMPANY**

**KNOW ALL MEN BY THESE PRESENTS:** That the undersigned, desiring to form a limited liability company under the laws of the State of Florida, do hereby sign, verify and deliver to the Secretary of State of the State of Florida these Articles of Organization.

**ARTICLE I – Name**

The name of the Limited Liability Company is: IBID Ft. Lauderdale, L.L.C., a limited liability company (the “Company”).

**ARTICLE II – Address**

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

725 Primeria Boulevard, Suite 235  
Lake Mary, Florida, 32746

**Article III – Duration**

The company shall exist for a period of thirty (30) years from and after the date the Florida Secretary of State issues a Certificate of Formation, unless dissolved according to law.

**Article IV – Management**

The Limited Liability Company is to be managed by members. The managing member shall forever be limited to:

IBIDAmerica, Inc.  
725 Primeria Boulevard, Suite 235  
Lake Mary, FL 32746

In the event that additional members are admitted, these additional members shall not participate as managing members.

**Article V – Admission of Additional Members**

The existing member shall have the right to admit additional members to the Company upon such terms and conditions as the existing and additional members shall agree at their sole discretion. Any member who is subsequently admitted as member of the Company shall have all the rights and obligations of a member under the “Limited Liability Company Agreement.”

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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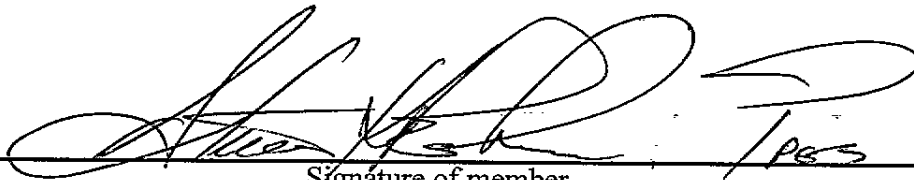
## Article VI – Members right to Continue Business

In the event of 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 Company, the remaining members of the Company shall have membership based on their relative contributions as set forth in the "Limited Liability Company Agreement" and agree to continue the business of the Company. The remaining members must agree within ninety (90) days from the date of such event whether to continue the business of the Company. In the event the remaining members fail to continue the business of the Company within such ninety (90) day period, the Company shall be dissolved and liquidated.

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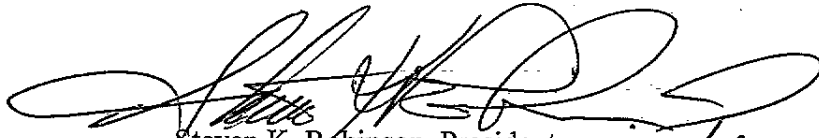
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TALLAHASSEE, FLORIDA



Signature of 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.)



Steven K. Robinson, President

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: IBID Ft. Lauderdale, L.L.C.

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

Bobby E. Story

\_\_\_\_\_  
Name

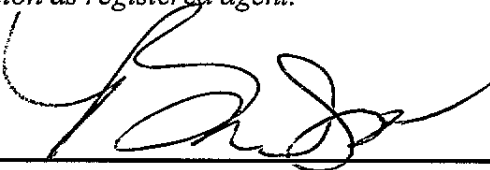
725 Primeria Boulevard, Suite 235

\_\_\_\_\_  
Florida Street address (P.O. Box NOT acceptable)

Lake Mary, Florida, 32746

\_\_\_\_\_  
City, State, and Zip Code

*Having been named as a 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:

\$100.00	Filing Fee for Articles of Organization
\$25.00	Designation of Registered Agent
\$30.00	Certified Copy (OPTIONAL)
\$5.00	Certificate of Status (OPTIONAL)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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