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(Address)

(Address)

(City/State/Zip/Phone #)

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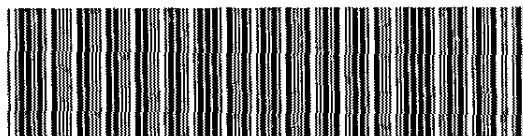
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DIVISION OF CORPORATIONS  
2006 SEP 29 PM 3:16

JB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RRTrips.com, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RRTrips.com, Trust  
(Name of Person)

RRTrips.com, LLC  
(Firm/Company)

8271 SW 9th Street  
(Address)

North Lauderdale, FL 33068  
(City/State and Zip Code)

For further information concerning this matter, please call:

Renee South at ( 954 ) 818-1815  
(Name of Person) (Area Code & Daytime Telephone Number)

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 (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2006

RRTRIPS.COM, TRUST  
8271 SW 9TH STREET  
NORTH LAUDERDALE, FL 33068

SUBJECT: RRTRIPS.COM, LLC  
Ref. Number: W06000034116

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DIVISION OF CORPORATIONS  
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We have received your document for RRTRIPS.COM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

YOU MUST FILE A FICTITIOUS NAME TO REGISTRATION TO REGISTER THE TRUST IN ORDER TO LIST THE TRUST AS REGISTERED AGENT.,

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 606A00048490

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

RRTrips.com, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

8271 SW 9th Street  
North Lauderdale, FL 33068

#### Mailing Address:

8271 SW 9th Street  
North Lauderdale, FL 33068

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RRTrips.com, Trust

Name

8271 SW 9th Street

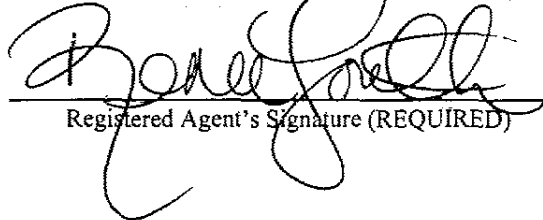
Florida street address (P.O. Box **NOT** acceptable)

North Lauderdale FL 33068

City, State, and Zip

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DIVISION OF CORPORATE & FINANCIAL SERVICES  
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*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, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

RRTrips.com, Trust

8271 SW 9th Street

North Lauderdale, FL 33068

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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

Howard Hendricks

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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DIVISION OF CORPORATIONS