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## Rides Plus LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION OF Rides Plus LLC

ARTICLE I

**NAME** 

The name of the limited liability company shall be: Rides Plus LLC

**ARTICLE II** 

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5600 Chelsey Lane #203, Fort Myers, Florida 33912.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Jason Pelland, 5600 Chelsey Lane #203, Fort Myers, Florida 33912. Located in the County of Lee.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the management addresses of the members of the Limited Liability Company are:

Jason Pelland, 5600 Chelsey Lane #203, Fort Myers, Florida 33912 Mary Meisenbach, 5600 Chelsey Lane #203, Fort Myers, Florida 33912

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Date: September 24, 2007

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison,

WI 53717

(608) 827-5300

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Rides Plus LLC

The name and address of the registered agent and office is Jason Pelland, 5600 Chelsey Lane #203, Fort Myers, Florida 33912. Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above stated 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:

John Pellond

Date: 9/29

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SECRETARY OF STATE
ALLAHASSEE, FLORI

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