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**Florida Department of State  
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**To:**

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**From:**

Account Name : AKERMAN SENTERFITT (WPB)  
Account Number : 104075003305  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SCOOTOURS, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
SCOOTOURS, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is SCOOTOURS, LLC

**ARTICLE II: - Address**

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

9020 NE 8<sup>th</sup> Avenue  
Suite 3H  
Miami Shores, Florida 33138

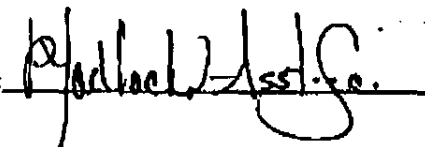
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

*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.*

CorpDirect Agents, Inc., Registered Agent

By: 

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

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**ARTICLE V: - Managing Member**

The name and address of the Managing Member is as follows:

**MGRM**

Scootours Holdings, Inc.  
9020 NE 8<sup>th</sup> Avenue  
Suite 3H  
Miami Shores, FL 33138

/s/ Michael T. Francis

Michael T. Francis, Authorized Signer

(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.)

Michael T. Francis

Typed or printed name of signer

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