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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
. (Вг	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2008

MARLON PASS 846 CROTON DR ROYAL PALM BEACH, FL 33411

SUBJECT: ONE FIST RYDERZ MC LLC

Ref. Number: W08000010283

We have received your document for ONE FIST RYDERZ MC LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 808A0001214

Division of Companytions DO DOV 6297 Tallahagasa Florida 29214

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ONE FIST Ryderz MC (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:
Marlon L. Pass (Name of Person)
One Fist Ryderz MC (Film/Company)
846 Croton Dr. (Address)
Royal Palm Beach; F1. 33411 (City/State and Zip Code)
For further information concerning this matter, please call:
Marlon L: Pass at (561) 767-6746 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
One Fist Ruderz MC "LLC" (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
846 Croton Dr. Royal Palm Bch., Fl 33411	t. Some	
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
The name and the Florida street address of th	L. Pass	
	Dr address (P.O. Box <u>NOT</u> acceptable)	
	ch FL 33411 e, and Zip	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete	to accept service of process for the above seemed limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am family with and egistered agent as provided for in Chapter 108, F.S	

(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 "MGR" = Managing Member is as follows: "MGR" = Manager "MGR"

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.)

Marlon L. Hass
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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SECRETARY OF STATE