

LS9 000033485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

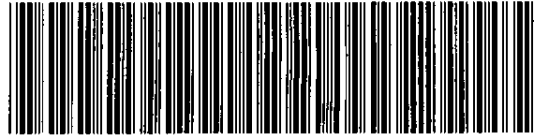
Special Instructions to Filing Officer:

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APR - 7 2009

EXAMINER

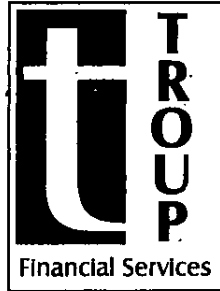


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RECEIVED  
DIVISION OF  
PH



Accounting  
Bookkeeping  
Income Taxes  
Insurance  
Tax Consulting

April 4, 2009

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: AFFINITY GROUP TRAVEL SERVICES, LLC

Enclosed, please find two copies of The Articles of Organization for: **AFFINITY GROUP TRAVEL SERVICES, LLC.**

Check # 15467 in the amount of \$ 125.00 is enclosed for same.

Please file and return to this office for further processing.

Thank you very much.

Sincerely,

TROUP FINANCIAL SERVICES



Robert G. Troup

encl.: Articles of Organization  
Check # 15467

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: **AFFINITY GROUP TRAVEL SERVICES, LLC**

**ARTICLE II  
ADDRESS**

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

**Principal Office Address**

**5 Carrington Lane  
Ormond Beach, FL 32174**

**Mailing Address**


**5 Carrington Lane  
Ormond Beach, FL 32174**

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent is:

**John A. Rossi  
5 Carrington Lane  
Ormond Beach, FL 32174**

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, Florida Statutes.

  
Registered Agent

SECRETARY  
DIVISION  
09 APR - 6 PM 3:44

**ARTICLE IV**  
**MANAGERS OR MANAGING MEMBERS**

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<u>TITLE</u>	<u>NAME AND ADDRESS</u>
<b>General Manager Member</b>	<b>John A. Rossi 5 Carrington Lane Ormond Beach, FL 32174</b>

**ARTICLE V**  
**EFFECTIVE DATE**

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The effective date of this Limited Liability Company shall be: **The Article Filing Date**

  
**John A. Rossi**  
**Member or Authorized Representative**

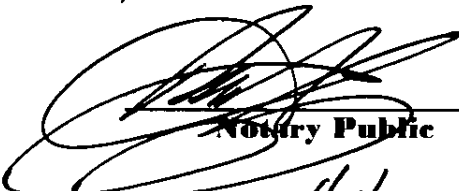
(In accordance with Section 608.403(3),  
Florida Statutes, the execution of this  
document constitutes an affirmation under  
the penalties of perjury that the facts  
stated herein are true)

**John A. Rossi**  
**Printed Name of Signee**

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Before me, the aforesigned personally appeared, who being known to me to be John A. Rossi,  
acknowledged that he executed the foregoing Articles of Organization and Registered Agent  
acceptance for **AFFINITY GROUP TRAVEL SERVICES, LLC**.

**State of Florida**  
**County of Volusia**

  
**Notary Public**  
Date: 4/4/09