

L1000030457

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/19/10--01005--020 **155.00

RECEIVED

10 MAR 19 AM 9:54

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 19 AM 10:40

B. KOHR

MAR 19 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 03/18/2010

REF. #: 001668.121615

CORP. NAME: KISSAWAY TRAIL TOURING, LLC

**Need back
ASAP!**

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DIVISION OF CORPORATIONS
10 MAR 19 AM 10:40

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

**Need back
ASAP!**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kissaway Trail Touring, 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:

515 E. Park Avenue
Tallahassee, FL 32301

Mailing Address:

1241 Knollwood Dr., #131
Cambria, CA 93428

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:

Corp Direct Agents, Inc.

Name

515 E. Park Avenue

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

Tallahassee FL 32301

City, State, and Zip

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..


Ricky Soto, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS
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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:

MGRM

Daniel Hansen

5777 W. Century Blvd., Suite 1600

Los Angeles, CA 90045

MGRM

Thomas Christensen

5777 W. Century Blvd., Suite 1600

Los Angeles, CA 90045

MGRM

Soren Corneliussen

5777 W. Century Blvd., Suite 1600

Los Angeles, CA 90045

MGRM

Rune Pedersen

5777 W. Century Blvd., Suite 1600

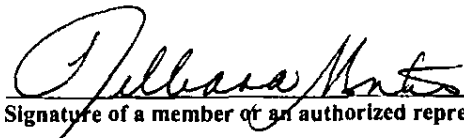
Los Angeles, CA 90045

(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.)

Lilliana Montero

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)

Kissaway Trail Touring, LLC

Attachment to Articles of Organization for Florida Limited Liability Company

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

<u>Title:</u>	<u>Name and Address:</u>
<u>MGRM</u>	<u>Hasse Mydtskov</u> <u>5777 W. Century Blvd, Suite 1600</u> <u>Los Angeles, CA 90045</u>
<u>MGRM</u>	<u>Mark Asire</u> <u>5777 W. Century Blvd, Suite 1600</u> <u>Los Angeles, CA 90045</u>
<u>MGRM</u>	<u>Matt Malles</u> <u>5777 W. Century Blvd, Suite 1600</u> <u>Los Angeles, CA 90045</u>
<u>MGRM</u>	<u>Morgan McNenny</u> <u>5777 W. Century Blvd, Suite 1600</u> <u>Los Angeles, CA 90045</u>
<u>MGRM</u>	<u>Florence Zemborain</u> <u>5777 W. Century Blvd, Suite 1600</u> <u>Los Angeles, CA 90045</u>
<u>MGRM</u>	<u>Mike Rosenthal</u> <u>5777 W. Century Blvd, Suite 1600</u> <u>Los Angeles, CA 90045</u>