

L 20000 300217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

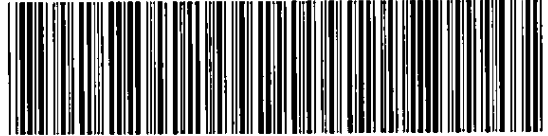
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100353105141

10/05/20--01002--006 **125.00

RECEIVED

2020 OCT -2 PM 3:58

FILE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2020 OCT -2 AM 8:29

FILED

C RICO
OCT -2 2020

125.

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 10/01/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. ADVENTURE VAN RENTALS LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

ARTICLES OF ORGANIZATION OF
ADVENTURE VAN RENTALS LLC
A FLORIDA LIMITED LIABILITY COMPANY

FILED
2020 OCT - 2 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I

NAME

The name of the Limited Liability Company is **Adventure Van Rentals LLC** (the "*Limited Liability Company*").

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 12100 Wilshire Boulevard, Suite 1540, Los Angeles, California 90025.

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S
SIGNATURE

The name and Florida street address of the registered agent is Registered Agent Solutions, Inc., 155 Office Plaza Drive, Suite A, Tallahassee, Florida 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 605 of the Florida Statutes.

Registered Agent Solutions, Inc.

By: Jaclyn Wright

Jaclyn Wright, Asst. Secretary

ARTICLE IV

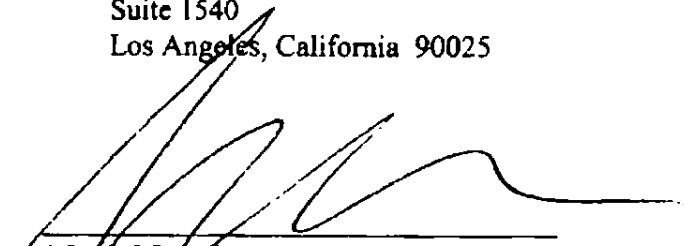
MANAGER

The Limited Liability Company shall be manager-managed. The name and address of the Co-managers are as follows:

Robbie Merrill 12100 Wilshire Boulevard
Suite 1540
Los Angeles, California 90025

Ben Robinson 12100 Wilshire Boulevard
Suite 1540
Los Angeles, California 90025

DATE: September 30, 2020



SCOTT L. ADAIR

TITLE: Authorized Person

In accordance with Section 605.0203 of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155 of the Florida Statutes.