

L98000001058

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

149m

CM

98 JUL 14 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Artists with Disabilities Group, L.C.

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***337.50 ***337.50

☐ Profit
☐ NonProfit
☒ Limited Liability Co.

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Name Registration

☐ Change of R.A.

☐ Fictitious Name

☐ UCC

☒ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

JUL 14 1998

Thanks,
Jeff

DIVISION OF CORPORATION

98 JUL 14 PM 1:03

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ARTICLES OF ORGANIZATION
FOR
ARTISTS WITH DISABILITIES GROUP, L.C.

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ARTICLE I
Name

The name of the Limited Liability Company is: ARTISTS WITH DISABILITIES GROUP, L.C.

ARTICLE II
Address

The mailing address and street address of the principal office of the Limited Liability Company is: 1301 West Copans Road, Suite D-3, Pompano Beach, Florida 33064.

ARTICLE III
Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
Registered Agent

The name and street address of the initial registered agent are: CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

ARTICLE V
Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager, who will serve until the first annual meeting of members or until his successor is elected and qualified is: Robert Kuechenberg, 1301 West Copans Road, Suite D-3, Pompano Beach, Florida 33064.

ARTICLE VI
Admission of Additional Members

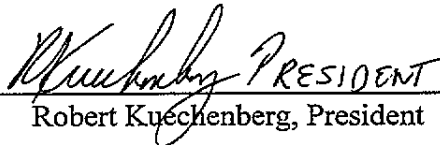
The members may admit new members only if each member consents in writing to the admission of the additional member.

ARTICLE VII
Members Rights to Continue Business

The remaining members of the Limited Liability Company may continue the business upon death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other events which terminate the continued membership of a member by the consent of all remaining members within 90 days so long as there are at least two remaining members.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization for the purpose of forming a limited liability company pursuant to section 608.408 of the Florida Statutes on June 26, 1998.

RAINBOW HOLDINGS, INC.

By:  PRESIDENT
Robert Kuechenberg, President

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of ARTISTS WITH DISABILITIES GROUP, L.C. deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the members is \$5,000.00
- 3) if any, the agreed value of property other than cash contributed by members is \$ 0.00
the amount of cash or property anticipated to be contributed by members is \$ 0.00
- 4) the total amounts of 2, 3 and 4 is \$5,000.00

IN WITNESS WHEREOF, the undersigned member has executed this Affidavit for the purpose of forming a limited liability company pursuant to section 608.408 of the Florida Statutes on June 26, 1998.

RAINBOW HOLDINGS, INC.

By: Robert Kuechenberg, President
Robert Kuechenberg, President

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ARTISTS WITH DISABILITIES GROUP, L.C.

2. The name and address of the registered agent and office is:

CT CORPORATION SYSTEM
C/O CT CORPORATION
1200 South Pine Island Road
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

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.

CT CORPORATION SYSTEM

Connie Bryan
(signature)

7/14/98
(Date)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

FILING FEE: \$35 FOR Designation of Registered Agent