L98000001725 Daguertor's Name Robert A. Campos 8725 SW 177th Ter Miami FL 33157-5819 ****250.00 ****250.00 Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 500002580225--2 -07/06/98--01056-010 <u>*****</u>35.00 *****35.00 (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ■ Walk in ☐ Will wait Certificate of Status Photocopy Mail out NEW FILINGS AMENDMENTS. Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger OTHER TILINGS REGISTRATION/ ocu cent Annual Report **OUALIFICATION** Foreign Fictitious Name Limited Partnership Reinstatement DCC Trademark in no la igeme**nt** DCC Other 26510000084 DCC eriver

Examiner's Initials

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September 1, 1998

To Whom It May Concern:

Here is the document 'Articles of Organization for Florida Limited Liability Company' with the date amended.

- a Cagos

Thank you very much.

Sincerely,

Robert Campos



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 7, 1998

ROBERT A. CAMPOS 8725 SW 177TH TER MIAMI, FL 33157-5819

SUBJECT: ROAD STORIES, L.C. Ref. Number: W98000015378

We have received your document for ROAD STORIES, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409, Florida Statutes, the effective date specified in the articles of organization must be within 5 business days of the date of receipt. Our office received your document on July 6, 1998. Please amend your document accordingly.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 598A00036255

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Road Stories, L C.

ARTICLE II - Address:

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

8725 SW 177TH TERRACE MIAMI, FL 33157

(305) 259-6202

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Road Stories, L.C. will begin operation SEPT. 2 1958 and Continue until the members decide to

end it

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

AM II: 20 F STATE FLORIDA

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ROBERT CAMPOS 5725 JW 177TH TER MIDMI, FL 33157

TAY SCHMOLER 11 - 73°0 STREET NEWBURYPORT, MA 01950

Donna Lo Cicero 8725 DW 17774 TER IMAMI FL 33157

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

member unless each member consents in writing to the admission of the admission of the

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

In the event of the retirement, dex	th, incapacity.
have the right to continue the business Stories, L.C., either by themselves or	menbers
have the right to continue The business	of Koad
Stories, L.C., either by themselves or	with any
other person or persons they select, but	they shall
to the ceticina member or to the	legal
concess atatives of the deceased or incap	2 Citated
other person or persons they select, but pay to the retiring member, or to the representatives of the deceased or incaping member, the value of his or her interest in	TE SOMPRINT
ARTICLE VII - Affidavit of Membership and Contributions	
	- m
The undersigned member or authorized representative of a member of 🔀 🕫 🙉	d in E D
Stories, L. C. cer	tifies 2
,	OA O
1) the above named limited liability company has at least two members;	2 7 202 22
2) the total amount of cash contributed by the member(s) is	\$ <u>3₹,000.00;</u>
3) if any, the agreed value of property other than cash contributed by member(s) is	\$;
(A description of the property is attached and made a part hereto.); and	•
 the total amount of cash and property contributed and anticipated to be contributed by member(s) is 	\$ 2 5 , ৩৬০, ৩০
Tomas of monitor(s) is	<u> </u>

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: Road Stocies,			
	L. C			
2.	The name and the Florida street address of the registered agent are:	SECRETART U TALLAHASSEE	98 SEP -4	
	Name		À	U
	8725 SW 177TH TERRACE	TATE ORIDA	II: 20	
	Florida street address (P. O. Box NOT ACCEPTABLE)			
	MINNI FL 33157 CITY, STATE AND ZIP	-		
	off, biato and all			

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.

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent