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Florida Department of State

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B. BOSTICK

AUG 3 1 2011

FXAMINER

COVER LETTER

,		Name of Limited Liability Company	
		Liability Company for Authorization to Transact Busines the above referenced foreign limited liability company to	
Please return	all correspondence concerning thi	is matter to the following:	
	Thomas F. Wolfe		
	······································	Name of Person	
	Affinity Group, LLC		
		Firm/Company	The state of the s
	2575 Vista Del Mar Drive		
		Address	I Procedurate a street and
	Ventura, CA 93001		<u></u>
	•	City/State and Zip Code	
	twolfe@uffinitygroup.com		
	È-mail addres	ss: (to be used for future annual report notification)	
For further in:	formation concerning this matter,	please call:	
Robe	rt T. York	at () 375-1138	5
	Name of Person	Area Code & Daytime Telephone Number	
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304	ET SIAIE 9:37

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	TO TO TO TO TO THE DESIGNATION OF THE SECOND	At 1117 DIVITALA LINASPA			
1. Good Sam Er	ntenprises, LLC Foreign Limited Liability Company; m		Company P. W. L. C. P.	6. W T C W	
(Name of	Proceign cumited clanning Company; in	ust include "Limited Liability (Company, L.L.C.,	or table. J	
consent of the ma	able, enter alternate name adopted for the	e purpose of transacting busine the alternate name. The altern	ess in Florida and attac ate name must include	ch a copy of the "Limited Lia	he written bility
Company," "L.L	, · <u>DDC.</u>)				
2. Delaware		3, 13-3377709		,	
company is or	inder the law of which foreign limited li- ganized)	ניזיו מוווא (יויום ו	number, if applicable)	ı	
4. November 3,		5. perpetual			
V = 1 =	(Date of Organization)	(Duration: Year li exist or "perpetual	mited liability compan	iy will ocase k	Ů
6.					
	(Date first transacted busine (See sections 608.501 & 608.	ss in Florida, if prior to registre 502 F.S. to determine penalty l	ation.) iability)		
7. 2575 Vista D	del Mur Drive				
Ventura, CA				<u></u>	<u></u>
, , , , , , , , , , , , , , , , , , , ,	(Street A	ddress of Principal Office)			
8. If limited li	ability company is a manager-ma	naged company, check he	ere 🔀	25	AUG (
9. The name a	and usual business addresses of th	e managing members or r	nanagers are as fol	llows	30
Marcus Lemo	onis, Manager, 250 Parkway Drive, #27	D, Lincolnshire, IL 60069			
Thomas F. W	Volfe, Manager, 2575 Vista Del Mar Dr	ve, Ventura, CA 93001		08	<u>မှ</u> _ယ
Brent Moody	, Manager, 250 Parkway Drive, #270, L	incolnshire, IL, 60069		DA	_
the jurisdiction un	original certificate of existence, no more to der the law of which it is organized. (A place the law of which it is organized. (A place the call of the translator must	iotocopy is not acceptable. If the	ted by the official having certificate is in a foreign	की समितासील व uB criatorià ou	ecords in
ll. Nature of	business or purposes to be condu	cted or promoted in Floric	la: Affinity groups an	nd membership	p
clubs in the rec	crestional vehicle industry.				_•
	7-1W	1.			
	Signature of a member of		tive of a member.		
	in accordance with section 608.408(3), F.S., penalties of perjury that the facts stated here document to the Department of State cor Thomas F. Wolfe	the execution of this document con in are true. I am aware that any i	nstitutes an affirmation u false information subn	nitted in a	
	Typed or r	rinted name of signee			

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.

Good Sain Er	iterprises, LLC		
If unavailab	ole, the alternate to be used	in the state of Florida is:	
2. The name	e and the Florida street ad	dress of the registered agent and office are:	
	C T Corporation System		
	O 1 Corporation System	(Name)	_ = = G
		ti mino,	SS: 30
	1200 South Pine Island Ro	ad	-11 - 22 -11 - 23
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	1 101104 5116	er radius (1.0. par 100 to 100	55
	***		RAC
	Plantation	FL 33324	. 9
		City/State/Zip	
liability comp agent and ag relating to th	puny at the place designate gree to act in this capacity. we proper and complete per of my position as registered C T Corporation By:	and to accept service of process for the above so d in this certificate, I hereby accept the appoints I further agree to comply with the provisions of formance of my duties, and I am familiar with an agent as provided for in Chapter 608, Florida Stystem (Signature) den. Assistant Secretary	nent as registered all statutes d accept the
	· · · · · · · · · · · · · · · · · · ·	0.00 Filing Fee for Application	
		5.00 Designation of Registered Agent 0.00 Certified Copy (optional)	
	• •	HILL CONTINON CONVIORNMENT	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOOD SAM ENTERPRISES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SROW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DATE: 08-29-11