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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	i
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JUL 24 2013

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ION SERVICE COMPANY		
ACCOUNT NO. : I2000000195		
REFERENCE: 736848 7949080		
AUTHORIZATION: Spelle reas		
COST LIMIT : \$ 160.00		
ORDER DATE : July 24, 2013		
ORDER TIME : 11:53 AM		
ORDER NO. : 736848-005		
CUSTOMER NO: 7949080		
		. _
DOMESTIC FILING		
NAME: DJMB VACATIONS II, LLC		
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	SEC	2
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	AHA AHA	2 -
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING	er or o	
CONTACT PERSON: Susie Knight - EXT. 52956	ATE ATE	

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Division of C	Section Corporations					
DJMB	Vacations II, LLC		•			
SUBJECT:	Name of Limi	ted Liability Com	pany			
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.			
Please return all corre	spondence concerning this mat	ter to the followin	g:			
Daniel Dun	bar					
		Name of Person		·		
DJMB Vac	ations II, LLC					
		Firm/Company			<u></u>	
7 Georgian	Acres			J		21
***************************************		Address			- <u>F.C.</u>	<u></u>
St. Louis, N	MO 63131			•	名は	13 JUL 24
Daniel A DN	Ci MD and Julie Dunbar <	ty/State and Zip Cod djmbdunbar@			SEE, E	建
· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	for future annual rep	port notification)	·····	SE A	##
For further information	n concerning this matter, please	e call:			GRIDA	£
Daniel Dunbar		314	750-3636			
Name	e of Person	at (Area Cod	_) le & Daytime Tele	phone Number		
Enclosed is a check	for the following amount:					
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fili Certified Co (additional co)	ору	\$160.00 Fill Certificate Certified C (additional co	of Status Copy	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton I	Courier Address tion Section of Corporations Building ecutive Center C			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	nited Liability Compar	ny is:	
DJMB Vacations I	I, LLC		
(Must	t end with the words "Limited	I Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		the principal office of the Limited L	iability Company is:
Principal Office Ad	ldress:	Mailing Address:	
7 Georgian Acres St. Louis, MO 631	31	7 Georgian Acres St. Louis, MO 63131	<u> </u>
(The Limited Liability Conbusiness entity with an ac	npany cannot serve as its own tive Florida registration.)	stered Office, & Registered Agent's Registered Agent. You must designate an indiv	vidual or another
The name and the Fl	orida street address of	f the registered agent are:	ZNI3 JUL 21 SECRETAR TALLAHAS
	Corporation Se	ervice Company	三
-		Name	ASS
	1201 Hays Str	reet	
-	Florida str Tallahassee	eet address (P.O. Box <u>NOT</u> acceptable) 32301 FL	OF STATE
-	C	ity, 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.

Sue G. Knight

Assistant Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
4 4	
MGRM	Daniel Dunbar
	7 Georgian Acres St. Louis, MO 63131
	01. 20019, 1410 00 101
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<u>·</u>	
LE V: Effective date, if other than ffective date is listed, the date m	the date of filing: (OPTIONA nust be specific and cannot be more than five busines
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