(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. KOHR

AUG 2 6 2011

**EXAMINER** 



900211085109

08/26/11--01018--007 \*\*130.00

Ċ	ORPORA	TE/
	ACCESS	5, /
_ /	TATO	·/

"When you need ACCESS to the world"

	P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850)	222-1666
	WALK IN PICK UP: 8/26/11 Almos	1 Seca
	CERTIFIED COPY	T Ne 26
	PHOTOCOPY	支票
	FILING LLC	
1.	Absolute VACAtions, LLC (CORPORATE NAME AND DOCUMENT #)	
2.	(CORPORATE NAME AND DOCUMENT #)	
3.	(CORPORATE NAME AND DOCUMENT #)	
4.	(CORPORATE NAME AND DOCUMENT #)	
<i>5</i> .	(CORPORATE NAME AND DOCUMENT #)	
6.	(CORPORATE NAME AND DOCUMENT #)	· <del></del>
SPEC	CIAL INSTRUCTIONS:	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# ABSOLUTE VACATIONS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
2424 North Atlantic Avenue	2424 North Atlantic Avenue
Daytona Beach, FL 32118	Daytona Beach, FL 32118

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kathryn A. Vaughan, Esquire
Name
102 East Granada Boulevard, 2nd floor
Florida street address (P.O. Box NOT acceptable)
Ormond Beach, FL 32176 FL
City, 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..

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:

MGR	Marsha G. Madorsky	
	2424 North Atlantic Avenue  Daytona Beach, FL 32118	
MGR	HERREDT M. HENNEGGEV	
WIGK	HERBERT M. HENNESSEY	
	2424 North Atlantic Avenue  Daytona Beach, FL 32118	
Use attachment if necessary)		
F.V. Effective date if other than the	ne date of filing:	(OPTION

REQUIRED SIGNATURE

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

(In accordance with section 608.408(3), 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 s.817.155, F.S.)

# HERBERT M. HENNESSEY

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)