

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FECA 0000000005

REFERENCE: 22 R3328-1

(See Account)

DATE: 6-22

REFERENCE:
[REDACTED] Account)

REQUESTOR NAME: Lexis Document Services

600003301086--3

CONTACT NAME: _____

DOCUMENT NUMBER: _____
(if applicable)

FILED
JUN 22 AM 11:44
CLERK OF STATE
TALLAHASSEE FLORIDA
6/22

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) Call When Ready      ( ) Call if Problem      ( ) After 4:30
) Walk In              ( ) Will Wait           ( ) Pick Up
) Mail Out

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RECEIVED
00 JUN 22 AM 11:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Holiday Land LLC

ARTICLE II - Address:

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

8833 Gross Point Road, Suite 209
Skokie, Illinois 60077

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

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

Lexis Document Services Inc.
Name
3953 W. W. Kelley Road
Florida street address (P.O. Box NOT acceptable)
Tallahassee, FL 32311
City, State, and Zip

FILED
00 JUN 22 AM 11:44
SECRETARY OF STATE
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 as provided for in Chapter 608, F.S..

Anthony E. Mackay, Lexis
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Alison M. Mitchell
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.)

Alison M. Mitchell, Authorized Person

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)