

Osceola Paralegal Services, Inc.

17 S. Orlando Ave.
Kissimmee, FL 34741
(407) 870-5878
Fax (407) 870-9997

Kathleen Foust
Owner

L00000013672
17, 2000

00 NOV - 8 AM 8:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

300003439563--9
-11/28/00--01048--003
****30.00 ****30.00

RE: AVALON VACATION VILLAS, LLC

300003439563--9
-10/25/00--01089--004
****125.00 ****125.00

Dear Sir or Madam:

Enclosed is the original and one copy of the Articles of Organization for AVALON VACATION VILLAS, LLC, a limited liability company. Also enclosed is my check in the amount of \$125.00 for filing fees and a certified copy of the Articles.

Please file these articles as soon as possible and return the certified copy to this office.

Thank you for your assistance in this matter.

Sincerely,

Kathleen M. Foust

Kathleen M. Foust, Paralegal

Enclosures as Stated.

Name	
Availability	
Document Examiner	<i>Uet</i>
Updater	
Updater Verifier	
Acknowledgement	
A. P. Verifier	

FL 44
Uet
11/8
Uet

W00-25931

FF \$125.00
cc 30.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 27, 2000

KATHLEEN M. FOUST
OSCEOLA PARALEGAL SERVICES, INC.
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741

SUBJECT: AVALON VACATION VILLAS, LLC
Ref. Number: W00000025931

We have received your document for AVALON VACATION VILLAS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 487-6020.

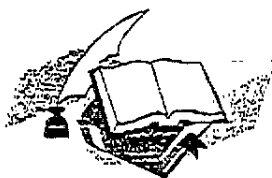
Tammi Cline
Document Specialist

Letter Number: 800A00056178

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**FAX COVER SHEET**DATE: 11-07-00TIME: 5:45 PMTO: BrendaDivision of CorporationsPHONE: 850-487-6051FAX: 850-410-1015ORIGINAL/COPY TO FOLLOW VIA U.S. MAIL ☐ YES ☐ NO

COMMENTS: Brenda - Enclosed are Connected
Articles for Avalon Vacation Villas, LLC
Please send me Confirmation #

No of pgs. 3 (Including cover sheet)

The information contained in this facsimile message is legally privileged and confidential information intended only for the exclusive use of the individual or entity named above. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination, distribution or copying of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the address above via the United States Postal Service.

ARTICLES OF ORGANIZATION

FOR

AVALON VACATION VILLAS, LLC

ARTICLE I: NAME

The name of the Limited Liability Company is: AVALON VACATION VILLAS, LLC.

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 1165 Nicki Ridge Court, Kissimmee, Florida 34747.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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


KATHLEEN M. FOUST
17 S. Orlando Ave.
Kissimmee, FL 34741

Having been designated as registered agent 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

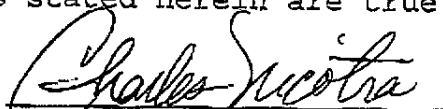
ARTICLE IV: MANAGEMENT

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


Signature of a member or authorized
representative of a member
CHARLES NICOTRA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV - 8 AM 8:25

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.


CHARLES NICOTRA

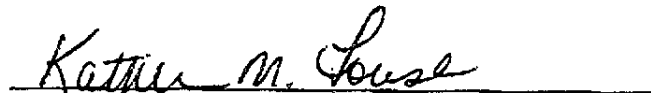
STATE OF FLORIDA :
COUNTY OF OSCEOLA :

BEFORE ME, a notary public, personally appeared CHARLES NICOTRA to me known to be the person described as member and executed the foregoing Articles of Organization, acknowledged before me that he subscribed to these Articles of Organization on the 6th day of November, 2000. The following was provided as identification: Florida driver's license

(NOTARY SEAL)



Kathleen M. Foust
Commission # CG 866415
Expires Oct. 11, 2003
Bonded Thru
Atlantic Bonding Co., Inc.


Notary Public's Signature
State of Florida at Large

Kathleen M. Foust
Notary Public's Printed Name

My Commission Expires: 10-11-03