0200001269 Address City/State/Zip Phone # Office Use_Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 900005557439--7 -05/17/02--01048--010 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ■ Walk in Pick up time _ Photocopy Certificate of Status ☐ Will wait ☐ Mail out **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director ■ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VACATION KING LLC

ARTICLE II - Address:

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

250 WILSHIRE BLVD. SUITE 175, CASSELBERRY FL 32707 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Plorida street address (P.O. Box NOT acceptable) CASSELTSEARY FL 32707
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.

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)

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.)

MICHAEL STEPHENSON

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)