

L03000010141

(Requestor's Name)

(Address)

(Address)

(Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

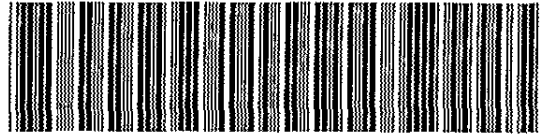
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/03--01057--004 **100.00

03/20/03--01027--002 **25.00

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FILED
03 MAR 19 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 11, 2003

ROBERT WALDORF
729 EXECUTIVE DRIVE
WINTER PARK, FL 32789

SUBJECT: MAGICAL MEMORY VACATIONS, LLC
Ref. Number: W03000006972

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03 MAR 19 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MAGICAL MEMORY VACATIONS, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$100.00 payment.

In addition to the filing fee, there is a REQUIRED \$25.00 Registered Agent designation fee.

Please send an ADDITIONAL \$25.00.,

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) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 103A00015287

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Magical Memory Vacations, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
729 Executive Drive, Winter Park, Florida 32789

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

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

Robert Waldorf

Name

729 Executive Drive

Florida street address (P.O. Box **NOT** acceptable)

Winter Park, Florida 32789

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

(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.)

Todd Waldorf

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)

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TALLAHASSEE, FLORIDA