

04000025859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

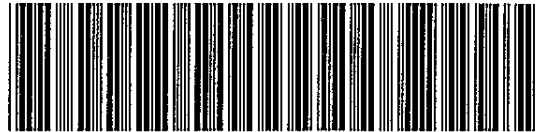
Special Instructions to Filing Officer:

3/24

FL LC

CC

Office Use Only



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MJH

FILED
04 MAR 24 PM 12:12



March 23, 2004

Florida Department of State
Division of Corporations
PO Box 6327

Jerson Daganzo
1871 Marsh Wren Ct.
Ocoee, FL 34761

RE: Consortium of Resort Experts, LLC

Dear Corporate Specialist,

Enclosed is an original and one (1) copy of the Articles of Organization for the above-referenced company, and funds of \$155 representing the following fees:

\$100 Filing Fee for Articles of Organization
\$25 Designation of Registered Agent
\$30 Certified Copy (OPTIONAL)

Please do not hesitate to contact the undersigned if there are any questions or concerns. The return address is listed above.

Sincerely,

Jerson Daganzo

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSORTIUM OF RESORT EXPERTS, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERSON DAGANZO
(Name of Person)

SYNTAX CONSULTING INC.
(Firm/Company)

1871 MARSH WREN CT.
(Address)

OCDEE FL 34761
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW KUENZL at (303) 881-2275
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONSORTIUM OF RESORT EXPERTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1871 MARSH WREN CT.
OCFEE, FL 34761

Mailing Address:

1871 MARSH WREN CT
OCFEE FL 34761

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

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

JERSON DAGANZO

Name

1871 MARSH WREN CT.

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

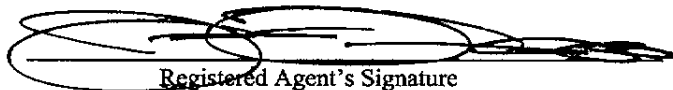
OCFEE

FLORIDA

34761

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, Florida Statutes..


Registered Agent's Signature

FILED

04 MAR 24 PM 12:42

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JERSON DAGANZO

1871 MARSH WREN CT

OCFEE FL 34761

MGRM

ANDREW KUENZI

6667 CRENSHAW DR.

ORLANDO, FL 32835

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

JERSON DAGANZO

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)