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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

04 NOV -8 PM 4:13

04 NOV -8 AM 8:58

LIMITED LIABILITY COMPANY

W.D.W. FLORIDA VACATION HOME RENTALS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

W.D.W. FLORIDA VACATION HOME RENTALS LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
10913 NW 30 Street #100 Miami Fl 33172-5029	10913 NW 30 Street #100 Miami FL 33172-5029

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TALLAHASSEE, FLORIDA

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

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

JORGE GABRIEL GARCIA-ROJAS-ALARCON
Name

10913 N W 30 STREET #100
Florida street address (P.O.Box NOT acceptable)

MIAMI FL 33172-5029
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

Article IV - Manager(s) or Managing Member(s)
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGRM	Jorge Gabriel Garcia-Rojas-Alarcon 10913 N W 30 Street, #100 Miami Fl 33172-5029
____	_____ _____ _____

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 608.4071(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JORGE GABRIEL GARCIA-ROJAS-ALARCON
Typed or printed name of signee

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TALLAHASSEE, FLORIDA