

L05000010853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name
Availability
Document

DATE: \_\_\_\_\_

Office Use Only

100

زیر

124



0079-002 \*\*130.00

2005 JUN 24 A 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORLANDO VACATION TITLE AGENCY, 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:

DAVID DOWELL

(Name of Person)

DAVID DOWELL, P.A.

(Firm/Company)

2295 S. HIAWASSEE RD., SUITE 406

(Address)

ORLANDO, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID DOWELL

(Name of Person)

at (407) 296-6310

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee &  
Certificate of Status  
Certified Copy  
(additional copy is enclosed)

**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

RECEIVED  
TALLAHASSEE, FLORIDA  
JAN 24 A 7:55

FILED

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
ORLANDO VACATION TITLE AGENCY, LLC**

**ARTICLE I – NAME**

The name of the Limited Liability Company is ORLANDO VACATION TITLE AGENCY, LLC.

**ARTICLE II – ADDRESS**

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

**Principal Office Address**

2295 S. Hiawassee Rd., Ste 406  
Orlando, FL 32835

**Mailing Address**

2295 S. Hiawassee Rd., Ste. 406  
Orlando, FL 32835

**ARTICLE III – RESIDENT AGENT, OFFICE AND SIGNATURE**

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

David Dowell  
2295 S. Hiawassee Rd., Suite 406  
Orlando, FL 32835

*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

2005 JAN 24 A 7:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED