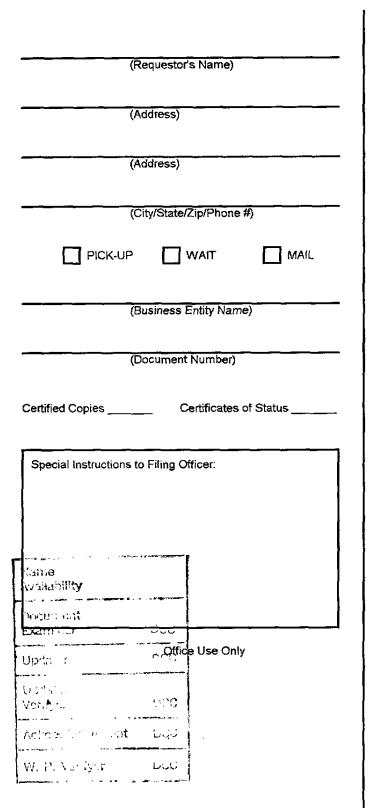
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SECRETARY OF STATE

# 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.	
2295 S. HIAWASSEE RD., SUITE 406	
ORLANDO, FL 32835 (City/State and Zip Code)	
For further information concerning this matter, please call:	
DAVID DOWELL at (407) 296-63 10  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified Copy	

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

### <u>ARTICLE I – NAME</u>

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

### <u>ARTICLE II – ADDRESS</u>

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

### **Principal Office Address**

### **Mailing Address**

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

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

### <u>ARTICLE III - RESIDENT AGENT, OFFICE AND SIGNATURE</u>

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