

LOS000060374

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(Address)

(Address)

(City/State/Zip/Phone #)

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LOS-60374
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vacation Home, 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:

Conrad Willkomm
(Name of Person)

Law Office of Conrad Willkomm
(Firm/Company)

2081 Tamiami Trail North
(Address)

Naples, FL 34102
(City/State and Zip Code)

For further information concerning this matter, please call:

Conrad Willkomm at (239) 262-5303
(Name of Person) (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



Law Office of Conrad Willkomm

2081 Tamiami Trail North
Naples, FL 34102
ConradwillkommLaw@yahoo.com

Ph: (239) 262-5303
Cell: (239) 398-3259
Fx: (239) 649-8269

June 8, 2005

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

Re: Application

Dear Sir or Madam,

Enclosed please find the completed Application and check from William Bronsord (no. 1001, dated 6/06/05 in the amount of \$160.00) for Vacation Home LLC sent on behalf of William Bronsord and Christopher Putterbaugh.

Please let us know if you should have any questions in regards to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Conrad Willkomm'.

Conrad Willkomm

WCW/jj

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vacation Home 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:

22 Palm View Blvd
Fl. Myers Beach, FL 33931

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

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

Conrad Wilkonn
Name

2081 Tamiami Trail N.
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34102
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..

[Signature]
Registered Agent's Signature

(CONTINUED)

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

William Bransford
22 Palm View Blvd.
Ft Myers Beach, FL 33931

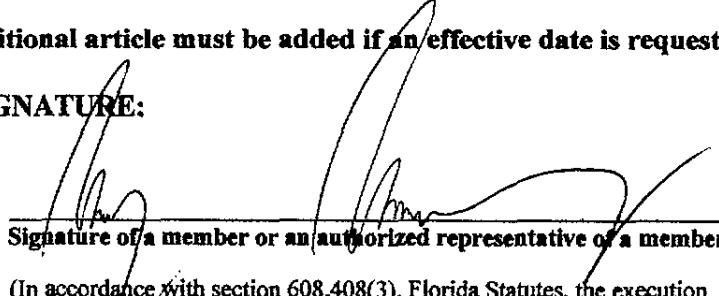
MGRM

Christopher E. Potterbaugh
230 Crescent Lake Dr
N. Ft Myers 33917

(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.)

William Bransford
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2010 JUN 11 10 11 AM
STATE OF FLORIDA
DEPARTMENT OF REVENUE