

L05000100435

(Requestor's Name)

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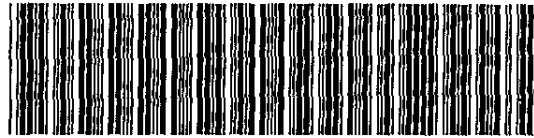
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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LAW OFFICES
THOMAS L. STEPHAN
251 MAITLAND AVENUE
SUITE 302
ALTAMONTE SPRINGS, FLORIDA 32701
(407) 767-5522
FACSIMILE (407) 767-9228

October 6, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Organization For Florida Limited Liability Company Transfer My Timeshare, LLC

Dear Sirs,

Enclosed please find the original Articles of Organizaation for Florida Limited Company for Transfer my Timeshare, LLC together with a check in the amount of \$125.00 for the filing fee. Please file same.

Thank you for your assistance in this matter.

Sincerely,



Thomas L. Stephan

TLS/pc
Enc.

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name

The name of the Limited Liability Company is:

TRANSFER MY TIMESHARE, LLC

ARTICLE II - Address

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

#450
478 East Altamonte Drive, Suite 108
Altamonte Springs, FL 32701

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

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

LUCINDA A. REIN
200 MAITLAND AVENUE, UNIT 1
ALTAMONTE SPRINGS, FLORIDA 32701

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 in Chapter 608, Florida Statutes.

Registered Agent Signature:


LUCINDA A. REIN

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

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

Title: Manager
Name: LUCINDA A. REIN
Address: 200 MAITLAND AVENUE, UNIT 1
ALTAMONTE SPRINGS, FLORIDA 32701

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TALLAHASSEE, FLORIDA


Signature of a member or 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.)

LUCINDA A. REIN
Typed or printed name of signee

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