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(Red	questor's Name)			
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COVER LETTER

то:	Registration Section Division of Corp		•	*			
SUBJE	СТ:	Daytona Suns (Name of Limite	Line Vacation Club d Liability Company)	, LLC			
The enc	closed Articles of C	Organization and fee(s) are s	ubmitted for filing.				
Please r	eturn all correspor	ndence concerning this matte	r to the following:				
-		Linda Fu	Name of Person)				
-	(Firm/Company)						
		9 Charlesto	Address)	and the second			
			(Address) , fc 32174 (State and Zip Code)				
-		. (City	State and Zip Code)				
For furtl	her information co	ncerning this matter, please	call:				
	Linda Fo	unicello Person)	at (386) 896 (Area Code & Daytime Te	- 1.92 7			
Enclose	ed is a check for	the following amount:					
		-	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			



October 11, 2006

LINDA FUNICELLO 9 CHARLESTON SQUARE ORMOND BEACH, FL 32174

SUBJECT: DAYTONA SUNSHINE VACATION CLUB, LLC

Ref. Number: W06000044640

We have received your document for DAYTONA SUNSHINE VACATION CLUB, LLC. However, the document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

Letter Number: 206A00060545

MARIA L FENDER OFFICE CLERK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
Daytona Sunsking Vaction Club 520 Bostwick Avenue Daytona Beach, FL 32118	Daytona Sunshine Vacation Club PO Box 7152 Daytona Beach, FL 32116 Shores				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:				
The name and the Florida street address of the reg	-				
Linda Funi	cello				
Linda Funicello Name					
9 Charleston	Square				
	ess (P.O. Box <u>NOT</u> acceptable)				
Ormand Beach, City, State, and	FL 32174				
City, State, and	d Zip				
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S				

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manage "MGRM" = Manage						
MGR	Barbara Funicello 520 Bostwick Avenue Daytona Beach, FC 32118					
MGRM	Michelle Carrasquillo 4570 Barnack Drive Port Orange, F4 32127					
MGRM	Linda Funicelle 9 Charleston Square Ormand Beach, FL 32174					
(Use attachment i	f necessary)					
ARTICLE V: Effective date, if other than the date of filing: 1 / 1/2007 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)						
REQUIRED SIGNATURE:						
Signature of a number 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.)						
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)