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(Re	questor's Name)	
	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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	cument Number)	
Special Instructions to I	Filing Officer:	Ls

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SECRETARY OF STATE.

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: Paradise Palms Resort Club, LLC.
	(Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
<u>.</u>	Andrew La Rosa (Name of Person)
_	Pazadise Palms Resort Club, LLC. (Firm/Company)
	(Firm/Company)
_	8950 Paradise Palms Blud (Address)
	(Address)
_	Kissimmer FL 34747 (City/State and Zip Code)
_	· (City/State and Zip Code)
For furt	her information concerning this matter, please call:
	, <b></b> , <b></b> , <b>-</b> , <b>-</b>
,	Audrew La Rosa at 407 729-4811 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
<b>⊒\$</b> 125.0	O0 Filing Fee \$\times \text{\$\text{\$\text{\$\text{155.00}}}\text{ Filing Fee & Certificate of Status}\$\$  Certificate of Status \$\text{\$\text{\$\text{Certified Copy}}\$}\$  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIL	arr Compani
ARTICLE I - Name: The name of the Limited Liability Company is:	
Pazadise Palms Resort Club (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	ability Company is:
Principal Office Address: Mailing Address:	
8950 Pazadise Palms Blud 801 Oak Shadou Kissimmee, FL 34747 Celebration, FL	15 Road 34747
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individuainess entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Audrew La Rosa Name	
801 Oak Shadows Rd	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Celebrachian FL 34747 City, State, and Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my divises, and I an accept the obligations of my position as registered agent as provided for in C	ne appointment as I the provisions of all In familiar with and
Registered Agent's Signature (REQUIRED)	2001 SEI
(CONTINUED)	FILED JUL 30 PH CRETARY OF S

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	per
MGRM	ANDREW La Rosa
	ANDREW La 1805a 801 Ock Shadows Rd
	Celebrish FC 34747
MGR	Joe La Rosa
	1021 Banks Rose St
	Celebration FC 34747
MGR	Joe Rogers
	2970 LAKE DR
	Kissimmee FL 34747
MGR	Ronald Norte
	1418 Stickley AVE Celebration FL 3474
	Celebration FC 3474
(Use attachment if necessary)	
romary money and a	
	than the date of filing: (OPTION must be specific and cannot be more than five business d
days after the date of filing.)	
DECLUBED CLCNA TUDDE	
KLQUIKLD SIGNATUKE:	$\sim$ $\sim$ $\sim$ $\sim$
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

Attachment 1.
Azlicle IV

MGR

Michael La Rosa 1002 Sandlace Court Celebration, FC 34747

OP.

FILED

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