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(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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SECRETARY OF SATIONS SIVISION OF CORPORATIONS

IB

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Dazadise Palms (Name of Limited	Vac-tion Proper Liability Company)	ties and Management, a
The enclosed Articles of	f Organization and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANDROW	La Rosa ame of Person)	
	(N)	ame of Person)	
Paradisa	Polms Vacation	Properties and	Management, LLC.
	(r	rm/company)	
	8950 Paradi	se Palms Blud (Address)	and the second second
		(Address)	
	1/	77/ 2/17/17	
	Kissimmer	FC 3 9747	
	(City/o	tate and 21p code)	
Ros firsther information	concerning this matter, please c	all.	3 %
TO IMMET MICKMADON	concerning and matter, produce of	u11-	D ROPE
Adreal	<u>Za Zosa</u> a of Person)	729-	4811 5 25
(Name	of Person)	(Area Code & Daytime Tel	ephone Number) 56
Enclosed is a check for	or the following amount:		
		\$155.00 Filing Fee & [\$160.00 Filing Fee,
	\$130.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	ć
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	5

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Paradise Palms Vacation Properties and Management 26 C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
R950 Parco, se Polms Blud Kissimmee, FL 34747 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
And Rew L.	gistered agent are: Rosa 30 GREAT GREAT
801 Oak Sh	ess (P.O. Box NOT acceptable) FL 34747

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 (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Andrad La Rosa
	801 OAK Shedows Rd
	Celebration TC 34747
MGR	Joe La Rose
	1021 Benles Rose St
	Celebration FL 34747
Shoreholder	Joe Rogers
	2970 Lake DR Kissimmer FL 34747
	Kissimmer, FL 34747
Shereholder	Ronald Abak
	1418 Stickley Ave
	_ Celebration FL 34747
(Use attachment if necessary)	
•	
	n the date of filing: (OPTIONAL
of effective date is listed, the date into 90 days after the date of filing.)	ust be specific and cannot be more than five business days
,	

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.)

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)

Attachment 1 Article IV

Shope holder

Michael La Rosa 1002 Scholace Court Celebration, FL 34747 Of.

SECRETARY OF STATE OR OT JUL 30 AM ID: 56