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TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium Vacations, LLC.

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Perla Sole Calas Esq.

(Name of Person)

Perla Sole Calas P.A.

(Firm/Company)

15450 NEW BARN RD SUITE 302

(Address)

MIAMI LAKES, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

Perla Sole Calas Esq.

(Name of Person)

at (305) 827-0084

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Premium Vacations, LLC.

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Mariana Merino as manager of the Company. Our office incorrectly put Mariana Merino as the Manager

The correct Manager of the company is Andreina Mercia.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September, 28th, 2007

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION for
FLORIDA LIMITED LIABILITY COMPANY

Premium Vacations, LLC

ARTICLE I - Name

The name of the Limited Company is:

Premium Vacations, LLC

ARTICLE II - Address

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

**1825 NW 112 Avenue Suite 150
Miami, Florida 33172**

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

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

**Perla Sole Calas, Esq.
Perla Sole Calas, P.A. Attorney at Law
15450 New Barn Road, Suite 302
Miami Lakes, Florida 33014**

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.



**Perla Sole Calas
Registered Agent**

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2007 SEP 20 A 10:30
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TALLAHASSEE, FLORIDA

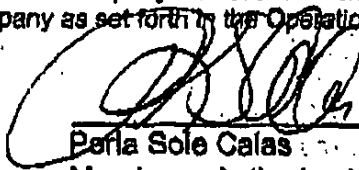
ARTICLE IV – Management

The Limited Liability Company is manager-managed company with Mariana Merino as manager with a mailing and principal office address of:

1825 NW 112 Ave Suite 156
Miami, Florida 33172

ARTICLE V – Indemnification

Premium Vacations, LLC hereby agrees to indemnify and hold harmless the members of the company for actions taken in connection with and in furtherance of the company as set forth in the Operation Agreement.



Perla Sole Calas
Member – Authorized Representative

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