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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:///	V ENTERDI (Name of Limi	Mises LLC ted Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	ohn Hone	Name of Person)	
u	Porld in Ne	(Firm/Company)	ational
	15 Celebr	cation Place =	STE 500
K,	Ssimmee, P	FL 34747 ity/State and Zip Code)	
	oncerning this matter, pleas		
John Ho.	NEYCUH of Person)	at (407) 902 - (Area Code & Daytime Tel	9298 lephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 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, FI 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

215 Celebration Place

STE 500

Kissimmee, FL 34747

Kissimmee, FL 34747

Mailing Address:

215 Celebration Place

STE 500

Kissimmee, FL 34747

Kissimmee, FL 34747

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John Honeycutt

Name

786 Oak Shadows Road

Florida street address (P.O. Box NOT acceptable)

Celebration FL 34747

City, State, and Zip

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)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE

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

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

John L. Honey cutt III. 786 Oak Shadows Road
John L. Honey cutt III
784 Oak Shadows Road Celebration, FL 34747
Catherine Honeycutt 786 Oak Shadows Road Celebration, FL 34747
ate of filing: (OPTIONAL 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)

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