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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	Test of
Stay Kissimmee Vacation Villas, LLC	OT DEC 12 M 9: 18 SECRETARY OF STATE TALLAHASSEE. FLORIE
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File
•	Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal
·	Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
	Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
Signature	Fictitious Search Fictitious Owner Search Vehicle Search Driving Record
Requested by Date Time	UCC 1 or 3 File UCC 11 Search

UCC 11 Retrieval_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
The home of the primited problem, company is.
STAY KISSIMMER VACATION VILLASIAC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation 169" or
"L.C.,") ,
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited 772
Liability Company is:
Principal Office Address: Mailing Address:
14356 Red Cardinal Ct 14356 Red Canthal C
Windownere Fr Windowner Fr
34796
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:
(The Limited Liability Company camot 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:
The name and the Profide shoot address of the registered again are.
Capital Connection, Inc.
Name
417 E. Virginia Street
Florida street address (P.O. Box NOT acceptable)
Profited succes address (F.O. Dox 1701 acceptable)
Tallahassee FL 32301
<u> </u>
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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGIZM	Kevin Boudreaux 14250 Red Cardinal Ct Winderware & Zurou
MGRM	Raymond Crouse Jr 1436 14356 Red Cardinal C- Windermare, FL 34786
MGR	George Linnon 14350 Bed Curdinal Ct Windows here Fr 34736
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the di (OPTIONAL) (If an effective date is listed, the date must be business days prior to or 90 days after the date	specific and cannot be more than five
REQUIRED SIGNATURE:	
1020	
Signature of a member or an auth	orized representative of a member.
of this document constitutes an affir that the facts state	8(3), Florida Statutes, the execution mation under the penalties of perjury and herein are true.)
Cloudrecus Typed or printe	×
Typed or printe	d 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)