

W8000050126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100128518291

05/07/08--01024--011 \*\*125.00

FILED

2008 MAY 19 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAY 20 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2008

HUGH PALMER  
1150 LOUISIANA AVENUE, SUITE 6-A  
WINTER PARK, FL 32789

SUBJECT: TIMESHARES NETWORK, LLC  
Ref. Number: W08000023174

We have received your document for TIMESHARES NETWORK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L06000040260.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 508A00029531

2008 MAY 19 PM 4:09  
TALLAHASSEE  
SECRETARY OF STATE

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: TIMESHARES NETWORK  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

HUGH M. PALMER  
(Name of Person)

(Firm/Company)

1150 Louisiana Avenue, Suite 6-A  
(Address)

WINTER PARK, FLORIDA 32789  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

\_\_\_\_\_ at ( 407 ) 645-2030  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

2008 MAY 19 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7  
F  
M  
D

# HUGH M. PALMER, P.A.

Attorney at Law  
1150 Louisiana Avenue, Suite 6-A  
Post Office Box 2187  
Winter Park, Florida 32790  
Telephone 407•645•2030 Telecopier 407•645•5108

May 19, 2008

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

Attention Tammi Cline  
Regulatory Specialist II

Subject: <sup>Referral</sup> TIMESHARES NETWORK, LLC

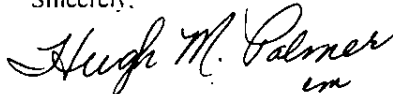
Ref. Number: W08000023174

Name Conflict Document Number - 106000040260 (TIMESHARE NETWORK LLC.)

Gentlemen:

I am in receipt of your letter of May 8, 2008 in which you returned the above articles of organization as the designated name used was unavailable. Pursuant to your instructions we have amended the above, enclosed Articles of Organization to TIMESHARES REFERRAL NETWORK, LLC for filing by your office. You will note we have added the word "REFERRAL" to the name of the LLC as was originally requested. Please now file the Articles of Organization of TIMESHARES REFERRAL NETWORK, LLC as resubmitted, and return the enclosed copy in the attached stamped, addressed envelope. We have previously provided you with a check (money order) in the amount of \$125.00 for the filing fee. If you need any additional information, please advise me.

Sincerely,



Hugh M. Palmer

HMP:cm

Enclosures

2008 MAY 19 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Referral  
TIMESHARES NETWORK, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

HUGH M. PALMER  
(Name of Person)

(Firm/Company)

1150 Louisiana Avenue, Suite 6-A  
(Address)

WINTER PARK, FLORIDA 32789  
(City/State and Zip Code)

2008 MAY 19 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

(Name of Person)

at

407 645-2030

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Referral  
TIMESHARES NETWORK, LLC

(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:

5334 Central Florida Pkwy,  
Suite #149  
Orlando, FL 32821

### Mailing Address:

5334 Central Florida Pkwy,  
Suite #149  
Orlando, FL 32821

## 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:

HUGH M. PALMER

Name

1150 Louisiana Avenue, Suite 6-A

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

WINTER PARK, FL 32789

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

FILED  
MAY 19 PM 4:09  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Genia Dyrda  
5334 Central Florida Pkwy  
Suite #149  
Orlando, FL 32821

2008 MAY 19 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Genia Dyrda 5/01/08  
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.)

Genia Dyrda  
Typed or printed name of signer

**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)**