

**LO8000058343**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

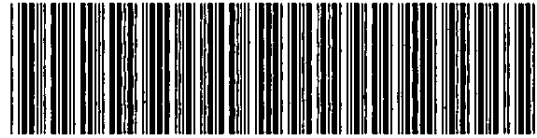
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2008 JUN 26 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**T. CLINE**

JUN 27 2008

**EXAMINER**

*LO8-58343*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VACATION INTERNATIONAL SERVICES  
(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:

E. ARTINGSTALL  
(Name of Person)

CHILD AWARENESS USA LLC  
(Firm/Company)

15500 Roosevelt Blvd Suite # 102  
(Address)

Clearwater, FL 33760  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRYAN S. KASSEL at (727) 507 8800  
(Name of Person) (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)

2008 JUN 26 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: VACATION INTERNATIONAL SERVICES 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:

THERE WAS ONE MGRM

THERE ARE TWO MGRM

(1) Paula RAINNIE who owns 99%

(2) BRYAN S. KASER who owns 1%

OR

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

[Blank lines for defectively signed details]

Dated: 06/24/08

PA Rainnie

Signature of a member or authorized representative of a member

PAULA RAINNIE

Typed or printed name of signee

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

CR2E062 (08/03)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 JUN 26 PM 2:31

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VACATION INTERNATIONAL SERVICES 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:**

**Mailing Address:**

15500 ROOSEVELT BOULEVARD  
SUITE 102, CLEARWATER  
FLORIDA 33760

2717 SEVILLE BOULEVARD  
#8302 - CLEARWATER,  
FLORIDA - 33764

**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:

PAULA RAINNIE  
Name

2717 SEVILLE BOULEVARD  
Florida street address (P.O. Box **NOT** acceptable)

#8302, CLEARWATER FL 33764  
City, State, and Zip

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TALLAHASSEE FLORIDA

*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)

**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:**

MGRM

PAULA RAINNIE  
2717 SEVILLE BOULEVARD  
#8302, CLEARWATER, FL 33764

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(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:**

*Paula Rainnie*  
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.)

PAULA RAINNIE  
Typed or printed name of signee

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08 JUN 12 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)