08000087818

(Requestor's Name)
(Address)
(Address)
····
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
į

Office Use Only



800135522968

Effective Date 09/11/08

09/15/08--01020--025 **125.00

SECRETARY OF STATE STATE OF STATE OF CORPORATIONS

J. BRYAN

SEP 1 6 2008

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations					
_{SUBJECT:} Elite R	esort Transfers, L	LC				
Sobolect.		ed Liability Con	ıpany)	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	f Organization and fee(s) are	submitted for fil	ing.			
Please return all corresp	ondence concerning this mat	ter to the followi	ng:			
Antonio Co	omas					
·		(Name of Person)				_
Elite Reso	ort Transfers, LLC					
		(Firm/Company)	· •			
205 E. Ce	ntral Blvd. Suite 5	00			o '	닐
		(Address)			- S	SIST Date
Orlando, F	FL 32801				SEP 15	NETAN
	(Cit	y/State and Zip Co	ode)		-o	-62 250
For further information of	concerning this matter, please	e call:			60 th Wd	ORPORATIONS
Michael Davis		at (407	, 491-232	27		0,
(Name	of Person)	\	ode & Daytime Te			
Enclosed is a check fo	r the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified C (additional co	_	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporation Building xecutive Center (assee, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	SET
The name of the Limited Liability Company is:	OF STATE
The same of the Zimine Zimens, Company to	S SACO
Elite Resort Transfers, LLC	ty Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liabili	ty Company "LLC "or "LC")
(Mass site with thoras Similar Side)	(y) company, 2,2,0,1, (i) 220.1
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
205 E. Central Blvd. Suite 500	205 E. Central Blvd. Suite 500
Orlando, FL 32801	Orlando, FL 32801
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Robert J. Harmon	
Name	
205 E. Central Blvd.	
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)
Orlando, FL 32801	FL
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MGRM	Robert J. Harmon 205 E. Central Blvd. Suite 500
	Orlando, FL 32801
MGRM	Antonio Comas
	205 E. Central Blvd. Suite 500
	Orlando, FL 32801
MGRM	Michael Davis
	205 E. Central Blvd. Suite 500
	Orlando, FL 32801
	99
(Use attachment if necessary)	
	the date of filing: 9/11/2008 . (OPTIONAL)

REQUIRED SIGNATURE:

Signature of 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.)

Robert J. Harmon

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)