

L08000097622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

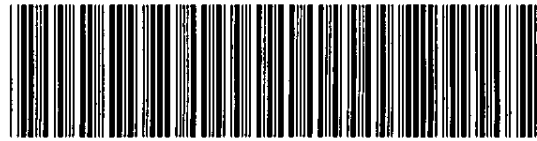
Special Instructions to Filing Officer:

A. LUNT

OCT 16 2008

EXAMINER

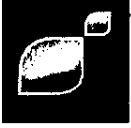
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2008 OCT 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PREMIUM LAND DEPOT, LLC.

**7002 HIAWASSEE OVERLOOK DR
ORLANDO, FL 32835**

Marco Palermo
7002 Hiawassee Overlook Dr
Orlando, FL 32835
Office: 407-234-9172 daytime
Toll Free: 863-493-1473
Fax: 321-558-8238

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Premium Timeshare Depot, 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:

Marco Palermo

(Name of Person)

(Firm/Company)

7002 Hiawassee Overlook Drive

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Marco Palermo

(Name of Person)

at (407) 234-9172

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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:

Premium Timeshare Depot, 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:

7002 Hiawassee Overlook Dr.

Orlando, FL 32835

Mailing Address:

7002 Hiawassee Overlook Dr.

Orlando, FL 32835

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:

Marco Palermo

Name

7002 Hiawassee Overlook Dr.

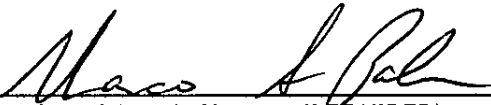
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32835

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:

"MGR"

Marco Palermo

7002 Hiawassee Overlook Dr.

Orlando, FL 32835

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(Use attachment if necessary)

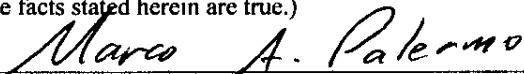
ARTICLE V: Effective date, if other than the date of filing: Oct 10, 2008. (OPTIONAL)

(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:


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 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)