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(Re	equestor's Name)	, ,,,,
(Ac	ddress)	
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(C	ity/State/Zip/Phone	e #)
<u></u>	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(De	ocument Number)	·
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# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/26/17

NAME: VACATION INNOVATIONS, LLC

TYPE OF FILING: CONVERSION

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

### COVER LETTER

TO: Registration Division of O						
SUBJECT: Vacation	Innovations, LLC					
		Limited Liability Compar	ny			
	es of Conversion and f ompany" into an "Othe					
Please return all cor	respondence concernir	ng this matter to:				
Mary Davis						
	Contact Person					
Burr & Forman LLP						
	Firm/Company					
200 South Orange Ave.	Suite 800					
	Address	•				
Orlando, FL 32819						
	City. State and Zip Code	<del></del>				
	.•					
corporations@vacationi						
E-maii adoress: (10	be used for future annual	report notification)				
For further informat	ion concerning this ma	itter, please call:				
Mary Davis		at ( 407 ) 540	-6684			
Name of Contact Person		Area Code and Daytime Telephone Number		_		
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	\$55.00 Filing Fee and Certified Copy	\$60.00 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRES	SS:	MAILING	ADDRESS:	. 7		
Registration Section		Registration Section		,		
Division of Corporations		Division of Corporations		•		
Clifton Building		P. O. Box 6327		-		
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314		٠,		
rananassee, 1 L J2J	(I)			Œ.		
CR2F106 (07/14)						

## **Articles of Conversion**

For

#### Florida Limited Liability Company

Into

#### "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Vacation Innovations, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Vacation Innovations, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware

(Enter state, or if a non-U.S. entity, the name of the country)

on September 26, 2017

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

- 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
- 5. This conversion shall be effective in Florida on:

  The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	8545 Commodity Circle, Suite 250					
	Orlando, FL 32819					
Mailing Address:	8545 Commodity Circle, Suite 250					
Ü	Orlando, FL 32819					
appraisal rights the and 605,1061-60.	ne amount to which 5.1072, F.S.		led under ss. 605.1006			
Signed this 26th.		September	, 20 <u>17</u>			
Signature:	Must be signed b	y a Member or Authorized	Representative			
	C. Roberts	Title:	epresentative			
Fees: Filing Fee: Certified Cop Certificate of	y: \$3	5.00 9.00 (Optional) 90 (Optional)				

Page 2 of 2