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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

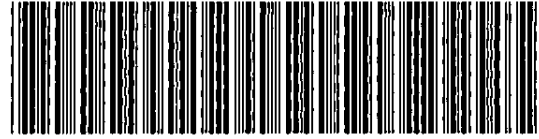
(Business Entity Name)

(Document Number)

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RECEIVED  
09 JAN 30 AM 11:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 JAN 30 PM 1:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JAN 30 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 1/30/2009

REF. #: 000399.98658

CORP. NAME: KEREBI'S FLORIDA VACATION & HOME SERVICE, LLC

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09 JAN 30 PM 1:45  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 529104 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**KEREBI'S FLORIDA VACATION & HOME SERVICE, LLC**

\*\*\*\*\*  
(Under §608.407 of the Florida  
Limited Liability Company Act)  
\*\*\*\*\*

FILED  
09 JAN 30 PM 1:45  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

The undersigned, being the authorized representative or member of the limited liability company, hereby certifies that:

**ARTICLE I – NAME**

The name of the limited liability company shall be **KEREBI'S FLORIDA VACATION & HOME SERVICE, LLC** (the "Company").

**ARTICLE II – ADDRESS**

The mailing address and the street address of the principal office of the Company is:

Mailing Address:  
304 NW 12<sup>th</sup> Lane  
Cape Coral, FL 33993

Street Address:  
304 NW 12<sup>th</sup> Lane  
Cape Coral, FL 33993

**ARTICLE III – REGISTERED AGENT**

The name and street address of the Company's initial registered agent for service of process in the State of Florida shall be: Gary Kauffman, Esq., c/o Dunlap & Moran, P.A., 1990 Main Street, Suite 700, Sarasota, FL 34236.

**ARTICLE IV – MANAGEMENT**

The Company shall be managed by one or more managers. Each of the following persons will serve as a manager of the Company, to serve for such term or terms as may be set forth in the Company's Operating Agreement (or, in absence of any provision in said Operating Agreement, then the term will be three [3] years), or until his or her earlier death, resignation or removal:

Kerstin Ehrle

Eberhard Holland

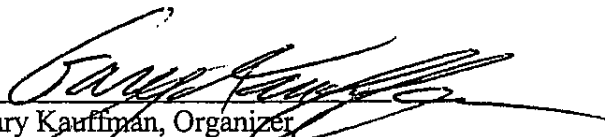
**ARTICLE V – MEMBERS; MEMBERSHIP**

Unless otherwise specified in the Company's Operating Agreement: (a) the Company shall have the right to admit new members by consent of the members holding a majority of the membership interests in the Company; and (b) a member's interest in the Company may not be sold or otherwise transferred except with the written consent of the members holding a majority of all membership interests in the Company, as well as pursuant to any and all applicable provisions of the Company's Operating Agreement and/or Comprehensive Buy-Sell Agreement. The initial members of the Company are as follows:

Kerstin Ehrle

Eberhard Holland

**IN WITNESS WHEREOF**, I have signed these Articles of Organization on January 29, 2009, as an authorized representative of the Company or a member thereof, and I affirm, under the penalties of perjury, that the facts stated herein are true.

  
Gary Kauffman, Organizer  
(an authorized representative  
of the limited liability company)

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

The undersigned hereby accepts the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with §608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Registered Agent:

  
Gary Kauffman