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Florida Department of State
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To:

Division of Corporations
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L. SELLERS

MAR 13 2009

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

EXAMINER

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WAVELYNX VACATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION
OF
WAVELYNX VACATIONS, LLC**

A Limited Liability Company
Organized under the Laws of the State of Florida

ARTICLE I - NAME

The name of the limited liability company is:

WAVELYNX VACATIONS, LLC

ARTICLE II - ADDRESS

The street address & mailing address of the principal office of the Limited Liability Company is:

10731 NW 14th Street, #272
Plantation, Florida 33322

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent are:

Kenneth Ross
10731 NW 14th Street, #272
Plantation, Florida 33322

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.

Kenneth Ross

KENNETH ROSS, as Registered Agent

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Articles of Organization
WAVELYNX VACATIONS, LLC
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ARTICLE IV - MANAGERS

The Managers of the LLC are as follows:

KENNETH ROSS- Director

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.

Kenneth Ross
KENNETH ROSS, Director

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