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AFCEIVED

B. KOHR APR 1 3 2010

EXAMINER

5. VISION OF CORPORATIONS

10 APR 12 AM 8: 32



ACCOUNT NO. : I2000000195

REFERENCE : 344214

AUTHORIZATION COST LIMIT

ORDER DATE : April 8, 2010

ORDER TIME : 1:59 PM

ORDER NO. : 344214-005

CUSTOMER NO: 7379988

DOMESTIC FILING

NAME: FIRST AMERICAN VACATION OWNERSHIP SERVICES, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is: First American Vacation Ownership Services, 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: Mailing Address: 2750 Chancellorsville Dr. 2750 Chancellorsville Dr. Tallahassee, FL 32312 Tallahassee, FL 32312 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:

Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee __<u>FL_</u> 32301 City, State, and Zip

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..

> Corporation Service Company Jane S. Krayer, Assistant VP Registered Agent's Signature (REQUIRED)

> > (CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Wayne Sobien
	2750 Chancellorsville Dr.
	Tallahassee, FL 32312
MGR	Debora Lee
**************************************	2750 Chancellorsville Dr.
	Tallahassee, FL 32312
MGR	
	Mike Dalberth 2750 Chancellorsville Dr.
	Tallahassee, FL 32312
MCD	
MGR	Michael Dulin 2750 Chancellorsville Dr.
	Tallahassee, FL 32312
(Use attachment if necessary)	
A TROPEZON NO N.Y. TROPEZATOR BARA CO CALCULAD	(OPTIONAL)
	an the date of filing: (OPTIONAL)
(11 an effective date is listed, the date in to or 90 days after the date of filing.)	nust be specific and cannot be more than five business days prior
to or 50 days after the date of mings,	
REQUIRED SIGNATURE:	
Signature of a r	member or an authorized representative of a member.
(In accordance v of this documen	with section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perjury stated herein are true.)
MIC	CHAEL P. DULIN
	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)