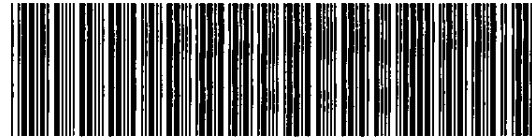


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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saratoga Resort Villas, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard S. Price, II

Name of Person

Attorney at Law

Firm/Company

1235 N. Harbor Blvd., Suite 200

Address

Fullerton, CA 92832

City/State and Zip Code

rspriceii@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Price

Name of Person

at (714) 871-1132

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 Saratoga Resort Villas, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article V: Address for Manager ITI Group, LLC should be:


3719 S. Plaza Drive, Santa Ana, CA 92704

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: May 25, 2011.


Signature of a member or authorized representative of a member

Richard S. Price, II
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
11 MAY 31 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Organization of SARATOGA RESORT VILLAS, LLC, a limited liability company organized under the laws of the state of Florida, filed on May 4, 2011, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H11000124207. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L11000052843.

Authentication Code: 311A00010951-050511-L11000052843-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fifth day of May, 2011



Kurt S. Browning
Secretary of State

**ARTICLES OF ORGANIZATION
OF
Saratoga Resort Villas, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Saratoga Resort Villas, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4787 West Irlo Bronson Hwy US I92, Kissimmee, Florida 34745.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

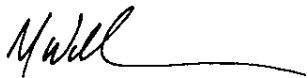
ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

ITI Group LLC, 3719 S Plaza Court, Santa Ana, California 92704



Date: May 4, 2011

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

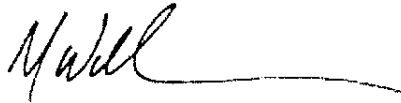
CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Saratoga Resort Villas, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: _____

Mark Williams, A.V.P. *Business Filings Incorporated*

Date: May 4, 2011