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T. CLINE

MAY 18 2011

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Travel For Less Vacation Club LLC. Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony J. Aiello Name of Person Travel For Less Vacation Club LLC Firm/Company 407 Flagler Ave. Address New Smyrna Beach, Fl. 32169 City/State and Zip Code tonyaiello1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anthony J. Aiello at (386 689-0941 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 File Certificate of Status Certified Copy Certificate of Status Certified Cepy (additional copy is enclosed) (additional copy is enclosed Mailing Address Street/Courier Address Registration Section Registration Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Fravel For Less Vacation Club LLC.	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street addres	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
07 Flagler Ave.	same
lew Smyrna Beach, Fl. 32169	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	red Agent. You must designate an individual or another
Brenda G. Mehring	
Name	
1504 South Riverside Dr.	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Edgewater	FL32132
City, State	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Brenda 9. Registered Agent's Signature	Mehring TALLAR TO THAT TO THE TALLAR TO THE
(CONTINU	ED)
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:

WACD # A feet and	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	r
MGRM	Anthony J. Aiello 1504 South Riverside Dr. Edgewater, Fl. 32132
MGRM	John Brucellaria 6986 South Atlantic Ave.
MGR	New Smyrna Beach, Fl. 32169 Nicholas D. Preston 705 Lobelia Dr. Davenport, Fl. 33837
(Use attachment if necessary) CLE V: Effective date, if other the	an the date of filing: (OPTIONA)
CLE V: Effective date, if other the	nan the date of filing: (OPTIONAl nust be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nan the date of filing: (OPTIONAl nust be specific and cannot be more than five business days My J. Miello member or an authorized representative of a member.
CLE V: Effective date, if other the effective date is listed, the date in 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a in a coordance with sect constitutes an affirmation I am aware that any false.	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in \$817.155. F.S.)
CLE V: Effective date, if other the effective date is listed, the date in 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a in a coordance with sect constitutes an affirmation I am aware that any false.	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State in fellong as provided for in s.817.155, F.S.)
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CLE V: Effective date, if other the effective date is listed, the date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false constitutes a third degree.	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State in formation submitted in s.817.155, F.S.) Aiello