

MAY-14-2012 10:28

From: 302-575-1411

Page: 1 of 2

5/14/12

Division of Corporations

L12000065239

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000130100 3)))



H120001301003ABCI

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 14 AM 9:57

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

12 MAY 14 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Dream Haven Vacations LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

A. LUNT
MAY 15 2011
EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Dream Haven Vacations LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 650 S.W. Ester Avenue, Port St Lucie, FL 34983.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

Agents and Corporations, Inc.
300 Fifth Avenue South, Suite 101-330
Naples, FL 34102

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.

Agents and Corporations, Inc.

By: John L. Williams, Vice President

ARTICLE IV - Management (Check box if applicable.) ☐

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Manager:

The initial Manager(s) of the Limited Liability Company shall be:
Pedro A. Arrindell and Joan Arrindell

Signature of a Member or an authorized representative of a member.
(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.)

PEDRO A. ARRINDELL
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 14 AM 9:57

FILED