

7/10/13

L13000098949

Division of Corporations

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.

((H13000155017 3)))



H130001550173ABCX

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 : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: Sandra.brown@intervalintl.com

**FLORIDA LIMITED LIABILITY CO.
ASTON HOTELS & RESORTS FLORIDA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	\$130.00

RECEIVED
13 JUL 11 AM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 12 2013
A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASTON HOTELS & RESORTS FLORIDA, 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:

6262 SUNSET DRIVE

MIAMI, FL 33143

Mailing Address:

6262 SUNSET DRIVE

MIAMI, FL 33143

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:

CORPORATE CREATIONS NETWORK INC.

Name

11380 PROSPERITY FARMS ROAD #221E

Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH GARDENS FL 33410

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..



Registered Agent's Signature (REQUIRED)

Diana Serra, Vice President

(CONTINUED)

FILED
2013 JUL 11 AM 9:01
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

KELVIN M. BLOOM
2155 KALAKAUA AVE., SUITE 500
HONOLULU, HI 96815

MGR

VICTORIA J. KINCKE
6262 SUNSET DRIVE
MIAMI, FL 33143

MGR

JOHN A. GALEA
8282 SUNSET DRIVE
MIAMI, FL 33143

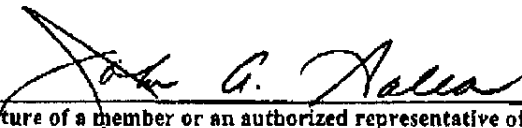
2013 JUL 11 AM 9:01
RECEIVED
DEPARTMENT OF STATE
HALLMARKSHEET FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOHN A. GALEA

Typed or printed name of signer

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)