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(((H14000070733 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF SANFORD M. REINSTEIN, P.A.

Account Number : 120130000013

: (954)792-1925

Fax Number

: (954)792-1926

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

FLORIDA LIMITED LIABILITY CO. PROFESSIONAL VACATION PLANNERS, LLC

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MAR 2 7 2014

T. BROWN



March 25, 2014

FLORIDA DEPARTMENT OF STATE

LAW OFFICES OF SANFORD M. REINSTEIN, P.A.

SUBJECT: PROFESSIONAL VACATION PLANNERS, LLC

REF: W14000018684

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

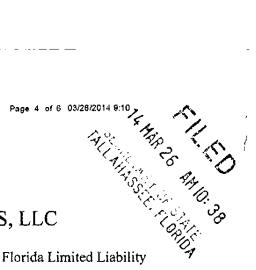
Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000070733 Letter Number: 514A00006307

IL HAR 26 PH 3: 54
SECRETARY OF STATE



ARTICLES OF ORGANIZATION OF

PROFESSIONAL VACATION PLANNERS, LLC

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act.

- 1. Name: The name of the limited liability company is: PROFESSIONAL VACATION PLANNERS, LLC
- 2. Duration: The Company shall exist from the date of the filing of these Articles with the Secretary of State until the occurrence of any of the events specified in Florida Statutes, unless continued by the unanimous consent of all of the remaining members.
- 3. Mailing Address and Street Address: The Company's mailing address and street address is 10847 Limeberry Drive, Cooper City, FL 33026
- 4. Registered Agent and Office: The name of the initial registered agent of the Company is Michael Gussman

The street address of the initial registered agent of the company is: 10847 Limeberry Drive, Cooper City, FL 33026

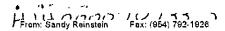
- 5. Additional Members: Additional members to the Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.
- 6. Termination of Membership: If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of member in the Company, the remaining members may, by unanimous written agreement, continue the business of the Company.
- Management of the Company: The following person who is a member will be the day-today manager and hence the company will be manager -managed: Michael Gussman.
- 8. Regulations: The members shall have the power to adopt, alter, amend, or repeal regulations of the Company containing provisions for the regulation and management of the affairs of the Company.
- 9. Existence: The existence of the Company shall commence on the date of filing of the Articles of Organization by the Florida Secretary of State.

The undersigned executed these Articles of Organization on March 24, 2014.

Michael Gussman, Member

Daniel Gussman, Member

In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and 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.)



CERTIFICATION OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the Provisions of Section 605 on Florida Statutes, the undersigned Limited Liability Company submits the following statement in designation of the Registered Office/Registered Agent, in the State of Florida.

- The name of the Limited Liability Company is: PROFESSIONAL VACATION PLANNERS, LLC
- 2. The name and address of the Registered Agent and office is:
 Michael Gussman, 10847 Limeberry Drive, Cooper City, FL 33026

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 provision 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 405, F.S.

Dated: 3/24/14

Michael Gussman