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Effective Date 9/15/14

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SECRETARY OF STATE
VALLAHASSEE FLORID

SEP 2 3 2014 T. HAMPTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Visionary Vacations Group, LLC</u> Name of I	Limited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Jeanne M Carter	Name of Person	
	Visionary Vacations Group, LLC	Firm/Company	
	62 Morning Sun Court		
		Address	•
	Santa Rosa Beach, FL 32459	City/State and Zip Code	
jc	arter@starpros.com E-mail address: (to be u	sed for future annual report notification	ation)
For fur	ther information concerning this matter, p	lease call:	
Jeann	e M Carter at Name of Person	( 850 ) 259-9873 Area Code Daytime Te	lephone Number
r. 1		Zujimio io	iopione i vance.
	ed is a check for the following amount:	<b>—</b>	
¥ \$125.0	© Filing Fee □\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporate	tions

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Effective Date 9/15/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Visionary Vacations Group, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
62 Morning Sun Court Santa Rosa Beach, FL 32459	62 Morning Sun Court Santa Rosa Beach, FL 32459
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Jeanne M Carter	
Name	
62 Morning Sun Court Florida street address (P.O. Box	NOT acceptable)
Santa Rosa Beach	FL 32459
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli Chapte	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signati	SEC STALL
Page 1 of 2	AASS.

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jeanne M Carter
	62 Morning Sun Court
	Santa Rosa Beach, FL 32459
	m
(Use attachment if necessary)	9pm 151
	1-1
ective date is listed, the date must be of filing.)	date of filing: <u>September 14, 2014</u> . (OPTIONAL) e specific and cannot be more than five business days prior to or 90
ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	date of filing: September 14, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 90
ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	date of filing: September 14, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in	date of filing: September 14, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	date of filing: September 14, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)  arter
REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for	date of filing: September 14, 2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
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