ision of Florida Department of State

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FLORIDA LIMITED LIABILITY CO. VACATION HOLDINGS LLC

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SEP 2 6 2014

T. BROWN

H14000224547

9-23-14

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ARTICLE I - Nan		O. A. C.	
The name of the Li	mited Liability Company is:		
Vacation Holdings LLC			
	(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		ipal office of the Limited Liability Company is:	
rincipal Office A	Address:	Mailing Address:	
14160 Palmetto Frontag	e Rd Suite #21	15476 NW 77th Count #705	
Miami Lakos FL 33016		Mismi Lakes FL 33016	
The Limited Liabi mother business e	ility Company cannot serve as it intity with an active Florida regi	,	individu
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The Limited Liabi mother business e	ility Company cannot serve as it entity with an active Florida region Filinga Inc. 3732 NW 16th Street Florida street address (P.	s own Registered Agent. You must designate an stration.) stered agent arc: Name D. Box NOT acceptable)	individu

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Raul Rodriguez as Trustee of the Raul Rodriguez Trust uldie 7/20/07
	15476 NW 77th Coun #705
	Miami Lokes, FL 33016
MGR	Roxana Fajardo
	15476 NW 77th Court #705
	Miami Lakes, FL 33016
ective date is listed, the date must be spoof filing.)	of filing: 9/23/14 (OPTIONAL) eclfic and cannot be more than five business days prior to or
E V: Effective date, if other than the date fective date is listed, the date must be sprof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ective date is listed, the date must be sprof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for	mber or an authorized representative of a member. 605.0203 (i) (b), Florida Statutes, the execution of this documender the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ective date is listed, the date must be sprof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation unity and aware that any false in constitutes a third degree for	mber or an authorized representative of a member. 605.0203 (i) (b), Florida Statutes, the execution of this documender the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date fective date is listed, the date must be sprof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree fe	ecific and cannot be more than five business days prior to or mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this documender the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State

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