

L14000150396

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

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RECEIVED  
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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.  
VACATION HOLDINGS LLC

EFFECTIVE DATE  
9-23-14

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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EFFECTIVE DATE  
9-23-14

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14 SEP 25 PM 2:25  
STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Vacation Holdings 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:

14180 Palmetto Frontage Rd Suite #21  
Miami Lakes FL 33016

Mailing Address:

15478 NW 77th Court #705  
Miami Lakes FL 33018

**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:

Filings Inc

Name

3732 NW 16th Street

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

Fort Lauderdale

City

FL 33311

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Raul Rodriguez as Trustee of the Raul Rodriguez Trust w/d/e 7/20/07

15476 NW 77th Court #705

Miami Lakes, FL 33018

Roxana Fajardo

15476 NW 77th Court #705

Miami Lakes, FL 33018

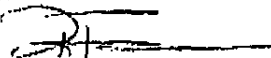
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/23/14 (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 the date of filing.)

**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Roxana Fajardo

Typed or printed name of signee

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)

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