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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NOV - 4 2015

T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 856798 4813078

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : November 2, 2015

ORDER TIME : 2:32 PM

ORDER NO. : 856798-005

CUSTOMER NO: 4813078

DOMESTIC FILING

NAME: DISNEY VACATIONS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_



The Walt Disney Company

Marsha L. Reed  
Vice President - Governance Administration and  
Assistant Secretary

November 3, 2015

Florida Department of State  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Formation of New FL Limited Liability Company  
Consent to Use of Name

To Whom It May Concern:

Let this letter serve as notice that The Walt Disney Company does hereby consent to the use of the word "Disney" in the Articles of Organization for *Disney Vacations, LLC*.

Very truly yours,

A handwritten signature in black ink, appearing to read "Marsha L. Reed".

Marsha L. Reed  
Vice President-Governance Administration  
and Assistant Secretary

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Disney Vacations, 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:

1375 Buena Vista Drive

4th Floor North

Lake Buena Vista, FL 32830

Mailing Address:

500 S. Buena Vista Street

Burbank, CA 91521-0105

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:

Corporation Service Company

Name

1201 Hayes Street

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

Tallahassee

FL

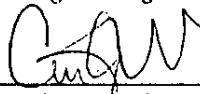
32301

City

State

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

Courtney Williams  
Asst. Vice President

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS  
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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

AMBR

**Name and Address:**

The Celebration Company  
700 Celebration Avenue, Suite 200  
Celebration, FL 34747

MGR

Sharon D. Siskie  
220 Celebration Place, 4th Floor  
Celebration, FL 34747

MGR

Marsha L. Reed  
500 South Buena Vista Street  
Burbank, CA 91521-0105

MGR

Henry C. Priest  
1170 Celebration Boulevard, 1st Floor  
Celebration, FL 34747

(Use attachment if necessary)

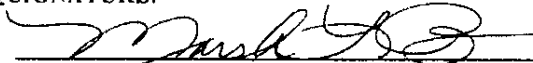
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Marsha L. Reed, Authorized Representative

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)**

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