Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000010370 3)))



H160000103703ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Vacation Time Weeks LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

1/1

2016-01-13 15:05:50 CST

16082372310 From: CLS-CTSB-BFI BFI Processing Fax

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

FAX AUDIT # H16000010370 3

16 JAN 13 PH 3: 22

ARTICLES OF ORGANIZATION OF Vacation Time Weeks LLC

ARTICLE I

NAME

The name of the limited liability company is: Vacation Time Weeks LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 13750 W Colonial Drive Ste 350, Winter Garden, Florida 34787.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature:

Mark Williams, A.V.P. Business Filings Incorporated

Date: January 12, 2016

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: Anthony Bugg, 15155 W.Colonial Dr # 784209, Winter Garden, Florida 34778

To: Page 3 of 3

2016-01-13 15:05:50 CST

16082372310 From: CLS-CTSB-BFI BFI Processing Fax

FILEO SECRETARY OF STATE TALLAHASSEE, FLORIDA

FAX AUDIT # H 110000103703

16 JAN 13 PM 3: 22

ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.

Anthony Bugg, Organizer

Date: 1:/12/2016

Authorized Representative

(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 heroin 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.)