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(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER "

	egistration Section vision of Corporations
SUBJECT	GET VACATION HOMES LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	JOYCE BARTELS DAAL
	Name of Person
	GET VACATION HOMES LLC
	Firm/Company
	2607 SW 119th Way
	Address
	Miramar, Florida 33025
	City/State and Zip Code getvacationhomes.com
-	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Kate T Hayes 954 881 4095
•	Name of Person Area Code Daytime Telephone Number
Englaced is	a check for the following amount:
]\$125.00 Fil	<u> </u>
	Mailing Address Street Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:			
GET VACATION HO				
(Must end v	vith the words "Limite	ed Liability Company.	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
2607 SW 119th Way		same		
Miramar Florida 3302	25			
another business entity with an a	_	ed agent are: DAAL Name		
	Florida street addre	ess (P.O. Box <u>NOT</u> ac	ceptable)	
	Miramar	Florida	33025	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pro	I hereby accept the appoissions of all statutes ligations of my position	ppointment as registere relating to the proper	above stated limited liability compand agent and agree to act in this capa and complete performance of my duts provided for in Chapter 605, F.S.	city. I

Page 1 of 2

17 FEB 21 PH 5: 40

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	KATET, HAYES
AMBR	7131 SW 8th Court
	Plantation, Florida 33317
AMBR	JOYCE BARTELS DAAL
	2607 SW 119th Way
	Miramar, Florida 33025
	<u> </u>
(Use attachment if necessary)	
effective date is listed, the date must be s te of filing.)	ate of filing:
	at meet the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Departmen	nt of State's records.
CLE VI: Other provisions, if any.	
E	
i'	

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.

JOYCE BARTELS DAAI

Typed or printed

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)

Page 2 of 2

17 neg 21 - Pii 5: 40