

L18000062427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

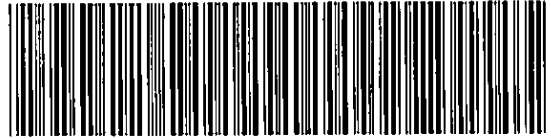
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/20/18--01020--015 **160.00

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18 MAR 13 PM 4:52
CLERK OF COURT
CLERK OF COURT

N CULLIGAN
FEB 22 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2018

SUSAN ANDERSON
307 MYA CT
WEST NEWTON, PA 15089

SUBJECT: AKA VACATIONS^X HOMES, LLC
Ref. Number: W18000017989

We have received your document for AKA VACATIONS HOMES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The articles are not acceptable they are too dark for imaging purposes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 518A00003732

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: AKA Vacation Homes, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Anderson

Name of Person

Firm/Company

307 Mya Ct.

Address

West Newton, PA 15089

City/State and Zip Code

akavacationhomes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan A. Anderson 724 633-0652

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
Name of the Limited Liability Company is:

AKA Vacation Homes, LLC.

(Must contain 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:

1600 Carey Palm Circle, Kissimmee, FL 34747

Mailing Address:

1600 Carey Palm Circle, Kissimmee, FL 34747

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:

Executive Villas Florida.com, Inc.

Name

1437 Deuce Circle

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

Davenport

FL

33896

City

State

Zip

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TALLAHASSEE, FLORIDA

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)

(CONTINUED)

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:

Susan A. Anderson

1600 Carey Palm Circle

Kissimmee, FL 34747

AMBR

Stephen M. Anderson

1600 Carey Palm Circle

Kissimmee, FL 34747

AMBR

Janet E. Komacko

1600 Carey Palm Circle

Kissimmee, FL 34747

(Use attachment if necessary)

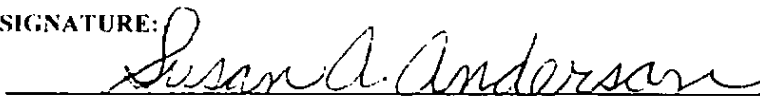
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Susan A. Anderson

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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