

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000227682
FILED 8:00 AM
September 25, 2018
Sec. Of State
wapainter

Article I

The name of the Limited Liability Company is:

VACATION 3500 NW LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3500 NW 14TH TERRA
CAPE CORAL, FL. US 33993

The mailing address of the Limited Liability Company is:

6700 WINKLER RD
7
FORT MYERS, FL. US 33993

Article III

Other provisions, if any:

THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE
IN ANY LAWFUL ACTIVITY FOR WHICH A LIMITED LIABILITY
COMPANY MAY BE ORGANIZED IN THIS STATE.

Article IV

The name and Florida street address of the registered agent is:

PATRICIA MOULIN
6700 WINKLER RD
6
FORT MYERS, FL. 33919

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.

Registered Agent Signature: PATRICIA MOULIN

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
HOPLITA LLC
6700 WINKLER RD
FORT MYERS, FL. 33919 US

Title: AMBR
LOS TREBOLES LLC
6700 WINKLER RD
FORT MYERS, FL. 33919

Title: AMBR
CALVIN AND ZEUS LLC
6700 WINKLER RD
FORT MYERS, FL. 33919 US

Title: AMBR
MAUI GROUP LLC
1390 BRICKELL AVENUE # 200
MIAMI, FL. 33131 US

Title: AMBR
Z & S ARGENTINA LLC
6700 WINKLER RD
FORT MYERS, FL. 33919 US

Title: AMBR
CAPE OWLS LLC
6700 WINKLER RD
FORT MYERS, FL. 33919 US

Article VI

The effective date for this Limited Liability Company shall be:

09/25/2018

Signature of member or an authorized representative

Electronic Signature: PATRICIA MOULIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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