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.

(((H19000120643 3)))



H190001206433ABC-

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

Prom:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160 Phone : (800) 494-3124 Fax Number : (305)675~2811

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. KWVACATIONRENTALS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

4.19000120643.3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

KWVACATIONRENTALS LLC

ARTICLE II ADDRESS

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

24 KEY HAVEN TERRACE

KEY WEST, FLORIDA 33040

ARTICLE III REGISTERED AGENT

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

A1A REGISTERED AGENT INC.

5647 110TH AVENUE N

ROYAL PALM BEACH, FLORIDA 33411

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.

X_	/s/	_ Tina Ma	aki	
T	INA	MAKI / Regis	stered Agent's signature	

H 19000120643 3

PAGE 2 KWVACATIONRENTALS LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
SUZANNE MOORE
24 KEY HAVEN TERRACE
KEY WEST, FLORIDA 33040

X /s/ SUZANNE MOORE

SUZANNE MOORE / Authorized Representative's signature

(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 herein 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.)

PR | | PM 1: 2