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COVER LETTER

	Division of Corporations			
end ieca	Timeshare Consulting LLC.			
SUBJECT	Name (of Limited Liabi	lity Company	
The enclos	sed Articles of Organization and fee	(s) are submitted	1 for filing.	
Please retu	irn all correspondence concerning t	nis matter to the	following:	
	Stephanie Baker			
	***************************************	Name o	Person	
	Fisher, P.A.			
	Firm/Company			
	1108 East Blvd.			
	Address			
	Charlotte, NC 28277			
	csc@fisheraccountants.com	City/State a	nd Zip Code	
		used for future	annual report notification)	
For further	information concerning this matter.	please call:		
	Kristen Shiring	704 at (332-7800	
	Name of Person	Area Code	_) Daytime Telephone Number	
Enclosed i	s a check for the following amount:			
√ \$125.00 F	Filing Fee S130.00 Filing Fee Certificate of State	us LUCenii	00 Filing Fee & S160.00 Filing Fee, Gertificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Timeshare Consulting 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:

45 .					
Prin	CID	al (}ffice	-Add	ress:

Mailing Address:

3111 N. Ocean Drive Unit 612	8501 Tower Point Drive Suite A-208		
Hollywood, FL 33019	Charlotte, NC 28227		

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:

Rosario C. Musume	ci	
	Name	
3111 N. Ocean Driv	e Unit 612	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Hollywood	Fl.	33019
City	State	Zip

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..

(CONTINUED)

ARTICLE IV-

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	
AMBR	Rosario C. Musumeci
	3111 N. Ocean Drive Unit 612
	Hollywood, FL 33019
	
	
(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	I cannot be more than five business days prior to or 90 days after
he date of filing.)	
Note: If the date inserted in this block does not meet the a	pplicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department of State's	records.
ANTERIA CALLETTE	
ARTICLE VI: Other provisions, if any.	
	
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REQUIRED SIGNATURE:	,
\mathcal{M}	

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.

Rosario C. Musumeci, Member and Organizer

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)