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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

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

**SUBJECT:** Sun Palm Vacations, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew R. Solomon

Name of Person

Sun Palm Vacations, LLC

Firm/Company

3507 Stearns Hill Road

Address

Waltham, MA 02451

City/State and Zip Code

mrsolomo@pus.ibm.com

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

For further information concerning this matter, please call:

Matthew R. Solomon

860

984 - 1614

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$150.00 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:

Sun Palm Vacations, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3507 Stearns Hill Road  
Waltham, MA 02451

Mailing Address:

3507 Stearns Hill Road  
Waltham, MA 02451

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

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

Matthew R. Solomon c/o Sun Palm Vacations LLC

Name

8150 Sun Palm Drive

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

Kissimmee

FL

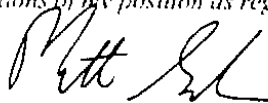
34747

City

State

Zip

*been named as registered agent and to accept service of process for the above stated limited liability company at the  
signated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I  
agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I  
liar 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)

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**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

Matthew R. Solomon  
3507 Stearns Hill Road  
Waltham, MA 02451

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 11, 2019 (OPTIONAL)

**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.

N/A

**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.

Matthew R. Solomon

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)

RECEIVED  
DEC 11 2019  
CLERK OF THE  
DEPARTMENT OF  
STATE