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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 : (305)358-1310 Phone : (305)503-6701 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: and 8723 D. Granil Com

# FLORIDA LIMITED LIABILITY CO. HAUTE VACATION HOMES, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I

The name of the Limited Liability Company and Effective day is:

## HAUTE VACATION HOMES, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II

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

Principal Office Address
7131 GRAND NATIONAL DRIVE UNIT 103
ORLANDO, FL. 32819

Mailing Address
7131 GRAND NATIONAL DRIVE UNIT 103
ORLANDO, FL 32819

SEURETARY OF STATE



## 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:

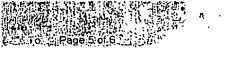
# <u>ECCO PLANET CORP</u>

175 SW 7th SUITE # 1515 Florida Street address (P.O. Box NOT acceptable)

> MIAMI, FL 33130 FL City, State, and 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

Registered Agent's Signature (REQUIRED



#### 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.

REQUIRED: SIGNATURE

X Y Y COULD Signature of a member or an authorized representative of a member.

(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.

JULIANA BORTOLIN DE PAULA Typed or printed name of signee

#### ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

The main objective of the company is: PROPERTY MANAGEMENT AND RENTAL HOMES SERVE

2020 JAN 24 PM 3: 55

## ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

### Title:

JULIANA BORTOLIN DE PAULA 7131 GRAND NATIONAL DRIVE UNIT 103 ORLANDO, FL 32819 AUTIIORIZED MEMBER

100%

ZENON SIDINY FABRE JUNIOR 7131 GRAND NATIONAL DRIVE UNIT 103 ORLANDO, FL 32819

**AUTIIORIZED MEMBER** 

ATANISA PAIVA SANTOS 7131 GRAND NATIONAL DRIVE UNIT 103 ORLANDO, FL 32819

AUTHORIZED MEMBER

SECRETARY OF STATE