L22000190720

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

Office Use Only



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2022 MAY -6 PM 4: 06

TILE PH 4: 07

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 662958 7226537
AUTHORIZATION: Spellelena
COST LIMIT : \$(125,00
ORDER DATE : May 6, 2022
ORDER TIME : 1:44 PM
ORDER NO. : 662958-005
CUSTOMER NO: 7226537
DOMESTIC FILING
NAME: SOMERSET WORLDWIDE, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

	tew Filing Se Division of Co				
SUBJEC1		Worldwide, LLC			
Souther	·	Name	of Limited Lia	bility Company	
The enclos	sed Articles o	f Organization and fe	e(s) are submitt	ed for filing.	
Please retu	ım all corresp	ondence concerning	this matter to th	e following:	
	Annette Bes	stard			
			Name	of Person	
	Vila, Padroi	n & Diaz, P.A.			
	N		Firm/0	Сотрапу	
	201 Alhamb	ora Circle, Suite 702			
			Ad	dress	
	Coral Gable	s, FL 33134			
	abestard@vp	dlaw com	City/State a	and Zip Code	
-	<u>`</u> .		used for future	annual report notificat	tion)
For further in	nformation co	ncerning this matter,	please call:		·
	Annette Best		305 at (461-4888)	
•	Nam	e of Person	Area Code	Daytime Telephor	
Enclosed is	a check for the	he following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing F Certificate of State	is Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Be	g Address ding Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, Fl. 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

The name of the Limited Liability Company is:	2077 MAY -6 PM 4: 0	7
Somerset Worldwide, LLC	SECRETARY OF STAT	F
(Must conatin the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
201 Alhambra Circle	201 Alhambra Circle	

Suite 702

Coral Gables, FL 33134

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:

Suite 702

Coral Gables, FL 33134

Oscar J. Vila		
	Name	
201 Alhambra Circl	e, Suite 702	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Coral Gables	FL	33134
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..

OSCAR J. VILA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>Luis Eduardo Otero Ballestas</u> 274-A CALLE CLEMSON, URB UNIVERSITY GARDEN MCR___ SAN JUAN, PR 00927 PR **AMBR** Vacation Services East, Inc. 6495 Indian Creek Drive Miami Beach, FL 33141 (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 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, 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.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

Oscar J, Vila