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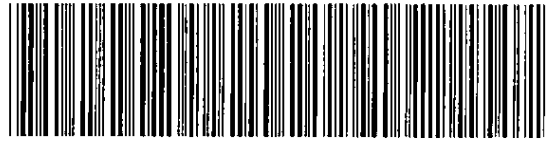
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SKYLINE VACATION RENTALS DR LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



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**ARTICLES OF ORGANIZATION
OF
SKYLINE VACATION RENTALS DR LLC**

ARTICLE I - NAME

The name of the limited liability company is **SKYLINE VACATION RENTALS DR LLC**.
("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

27666 SW 143rd Court
Homestead, FL 33032

Mailing Address:

27666 SW 143rd Court
Homestead, FL 33032

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

D. Ross Bridger
6750 N. Andrews Ave, Suite 200
Ft. Lauderdale, Florida 33309

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..

D. Ross Bridger
D. Ross Bridger

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ARTICLE IV - MANAGER

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

Title:
"MGR" = MANAGER

Name and Address:

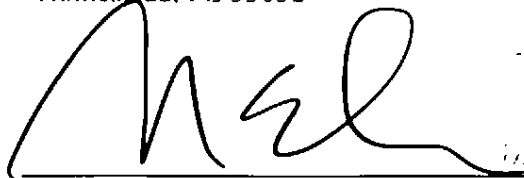
MGR

Nadir N. Elamri
27666 SW 143rd Court
Homestead, FL 33032

MGR

Youssef Elamri
27666 SW 143rd Court
Homestead, FL 33032

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nadir N. Elamri

Typed or printed name of signee

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