

L97000000816

Charter Number Only

7/22/97

Harold Rofshever

Requestor's Name

2455 E. Sunrise Blvd. #917

Address

Ft. Lauderdale, FL 33304

City

State

Zip

Phone

(954) 563-2727

VALIDATION ONLY

FILED  
97 JUL 29 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*346.25 \*\*\*\*346.25

CORPORATION(S) NAME

Indigo Resorts International, L.C.

285.00 F.F. + C.S.  
61.25 C.C.  
346.25

( ) Profit

( ) NonProfit

( ) Amendment

( ) Merger

( ) Foreign

( ) Dissolution

( ) Mark

( ) Limited Partnership

( ) Annual Report

(X) Other Limited Liability

( ) Reinstatement

( ) Reservation

( ) Change of Registered Agent

( ) Certified Copy

( ) Photo Copies

( ) Certificate Under Seal

( ) Call When Ready

( ) Call If Problem

( ) After 4:30

(X) Walk In

( ) Will Wait

(X) Pick Up

( ) Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Christina  
AUTHORIZATION BY PHONE TO  
CORRECT RIA pay  
DATE 7-29-97  
BOB. EVAN JR

W97-17079

K.R. JUL 24 1997

K.R. JUL 29 1997

CR2E031 (R8-85)

Empire Toll Free: 1-800-332-3028

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97 JUL 24 AM 10:22



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 24, 1997

EMPIRE

TALLAHASSEE, FL

SUBJECT: INDIGO RESORTS INTERNATIONAL, L.C.  
Ref. Number: W9700001707S

We have received your document for INDIGO RESORTS INTERNATIONAL, L.C. and check(s) totaling \$346.25. However, your check(s) and document are being returned for the following:

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 487-6059 for information) or designate another entity that is active according to our records.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6932.

Kimberly Rolfe  
Document Specialist

Letter Number: 897A00037507

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97 JUL 29 AM 11:05

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
INDIGO RESORTS INTERNATIONAL, L.C.**

**THE UNDERSIGNED**, for the purpose of forming a limited liability company for profit pursuant to Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

**WITNESSETH:**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is as follows:

**INDIGO RESORTS INTERNATIONAL, L.C.**

**ARTICLE II  
ADDRESS**

The address of the principal office and/or mailing address of the Limited Liability Company is as follows:

**c/o Harold S. Bofshever  
2455 East Sunrise Boulevard  
Suite 917  
Fort Lauderdale, FL 33304**

**ARTICLE III  
DURATION**

This Limited Liability Company shall have an existence of twenty (20) years commencing on the date of the filing of these Articles of Organization with the Department of State of Florida.

**ARTICLE IV  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial registered office of this L.L.C. is 2455 East Sunrise Boulevard, Suite 917, Fort Lauderdale, Florida 33304 and the name of the initial registered agent of this L.L.C. at such address is Harold S. Bofshever

Prepared by:  
Harold S. Bofshever & Associates, P.A.  
2455 East Sunrise Boulevard, Suite 917  
Fort Lauderdale, Florida 33304  
(954) 563-2727  
Florida Bar No: 210064

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**ARTICLE V**  
**ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members of this Limited Liability Company to admit additional members and the terms and conditions of the admissions shall be only by the unanimous written consent of all members.

**ARTICLE VI**  
**MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of this Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be that the remaining members shall have a right to continue business and shall further have the right, in the case of the death, retirement or resignation of amember, to admit an additional member upon the unanimous written consent of the remaining members.

**ARTICLE VII**  
**MANAGEMENT**

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are as follows:

Jacqueline Anne Slack  
1710 N.E. 8th Street  
Ft. Lauderdale, FL 33304

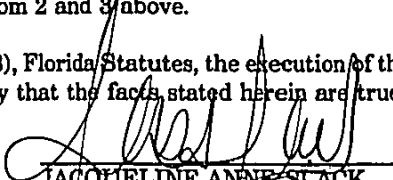
Mary Ann Bongiorno  
3029 Alhambra Street  
Ft. Lauderdale, FL 33304

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The Undersigned members of INDIGO RESORTS, L.C. deposes and says:

1. The above-named Limited Liability Company has at least two members;
2. The total amount of cash contributed by the member(s) is \$150,000.00;
3. If any, the agreed value of property other than cash contributed by member(s) is \$\_\_\_\_\_. A description of the property is attached and made a part hereto.
4. The total amount of cash or property anticipated to be contributed by member(s) is \$150,000.00. This total includes amounts from 2 and 3/above.

In accordance with Section 608.408(3), Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
JACQUELINE ANNE SLACK

  
MARY ANN BONGIORNO

Sworn to and subscribed before me this 18<sup>th</sup> day of June, 1997, by JACQUELINE ANNE SLACK and MARY ANN BONGIORNO, who took an oath and are personally known to me or produced the following identification \_\_\_\_\_

  
NOTARY PUBLIC - State of Florida

My Commission expires:




**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/ REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  
INDIGO RESORTS INTERNATIONAL, L.C.
2. The name and address of the Registered agent and office is:

Harold S. Bofshever  
2455 East Sunrise Boulevard, Suite 917  
Fort Lauderdale, Florida 33304

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.

  
Harold S. Bofshever

June 18, 1997  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA