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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4003

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)541-3694

Fax Number : (305)541-3770

LIMITED LIABILITY COMPANY

VILLA DEL SOL MARKETING, LLC

Name 31 **Vailability** Acc. Pocument Examiner Updater DOC Updater Verifyer DCC no edgement DCC P. Verifyer DCC

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EMPIRE CORPORATE KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Villa Del Sol Marketing, LLC

ARTICLE II - Address:

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

848 Brickell Avenue Suite 1015 Miami, Florida 33131

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:
(Check the appropriate box and complete the statement)

SECRETARY OF STATE OIVISION OF CORPORATION

- The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:
- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Operadora Villa del Sol, S.A. de C.V. Playa La Ropa s/n, P.O. Box 84 Zihuatanejo, Gro. 40880 Mexico

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the Edmissions shall be:

Additional members may be admitted upon unanimous consent of the existing members.

THIS INSTRUMENT PREPARED BY:
Roberts & Salazar, LLP
Lisette Pie Salazar, Florida Ear No. 0977410
50 W. Mashta Drive, Ste. 2
Key Biscayne, Florida 33149
(305) 361-1383

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the 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:

The remaining members of the LLC shall have the right to continue the business of the company upon their unanimous consent.

SECRETARY OF STATE DIVISION OF CORPORATION

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ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of	Del So	i Marketing, LLC
	certi <u>fi</u> e	s:
1) the above named limited liability company has at least one member; 2) the total amount of cash contributed by the member(s) is	\$	50,000.00
3) if any, the agreed value of property other than cash contributed by member(s) (A description of the property is attached and made a part hereto.); and 4) the total amount of cash and property contributed and anticipated to be	is S_	;
contributed by member(s) is	\$	50.000-00
fire l	- <u>-</u>	
Signature of a member or an authorized representative of a m	ember.	•
(In accordance with section 608.408(3), Florida Statutes, the execut	ion of th	is **

Filing Fee: \$250.00 for Articles and Affidavit

Typed or printed name of signee

stated herein are true.)

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EMPIRE CORPORATE KIT

Helmut W. Leins, as Sole Administrator of Operadora Villa del Sol, S.A. de C.V.

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Villa Del Sol Marketing, I	ГС	
	99 HAR	SECRETARY OF STATE DIVISION OF CORPORATIONS
2. The name and the Florida stroet address of the registered agent are:	-2 PM	ARY OF CORP
Lisette P. Salazar, Esquire Roberts & Salazar, LLP	= 3	STATE ORATION
NAME		ऊ
50 W. Mashta Drive, Suite 2 Florida street address (P. O. Box NOT ACCEPTABLE)		
KEY BISCAYNE FL 33149 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.

Lisette P. Salazar SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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