

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	277 1 277 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
SUBJECT: RMS, L.C.	·
(Proposed L.C. Name)	
RESORT MANAGEMENT SYSTEMS LE	*
Enclosed is an original and one (1) copy of the articles of incorporation and a check \$285.00	for
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200029938 	069002
****285.00	****285.00
FROM: MICHAEL J RAHN W	99-22/36
Name (printed or typed)	
1499 FOREST HILL BLUD #101	
Address	- <u>14</u> 7 1 - 444
W. PALM BEACH, FL 33406	
City, State, & Zip	, '
561-433-4472 PM	$\int_{\mathcal{C}}$
Telephone Number	(C
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 24, 1999

MICHAEL J. RAHN 1499 FOREST HILL BLVD. #101 W. PALM BEACH, FL 33406

SUBJECT: RMS, L.C.

Ref. Number: W99000022136

We have received your document for RMS, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return 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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 399A00046892

Articles of Organization for Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESORT MANAGEMENT SYSTEMS, C.C.

ARTICLE II - Address:

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

1499 FOREST HILL BLUD. # 101-WEST PALM BEACH, FL 33406

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management:

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

MICHAEL RAHN 1499 FOREST HILL BLUD. #101 WEST PALM BEACH, FL 3340C

MICHAEL FULLER 1499 FOREST HILL BLUD. # 101 WEST PALM BEACH, PL 33406

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be determined by a majority vote of the initial members in accordance with the provisions of the Operating Agreement.

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 determined by a majority vote of the initial members in accordance with the provisions of the Operating Agreement.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

RESORT	The undersigned member or authorized representative of a member of Management Sylvatic 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 \$ 2,000,00

- 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 2000.00. This total includes amounts from 2 and # above.

Signature of a member or authorized representative of a member.

CERTIFICATE OF DESTINATION 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 OFFICE/REGISTERED AGENT, IN THE STATE OF

1. The name of the Limited Liability Company	7 io. 0 = - o- 11	
	B. LEOST MANAGEMENT	SYSPEMS. L.C.
		

2. The name and address of the registered agent and office:

(P.O. Box not acceptable)

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.

(Signature)