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(Re	equestor's Name)
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

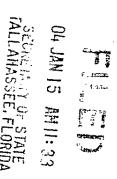
Office Use Only



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TRANSMITTAL LETTER

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, PLURIDIA STATUTES, THE FOLLOWING IS SOBRETTED TO RECEISTER A PORTACLE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDIA:
1. Sell My TIME Shape Now, LLC (Name of foreign limited liability company)
2. DELAWRE (Mirisdiction under the law of which foreign limited liability company is organized) 3. 37-1471683 (FEI number, if applicable)
4. 7/10/2003 (Date of Organization) 5. FERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. 251 Maitfand Avenue, Suite # 315
Altanoute-Springs, FL 32701 (Street address of principal office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows: Son Trenday 9 Brey Lane Greenand, NH 9384D
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: BusiNess Expansion,
Chief Operting officer Resides in Propins
Daros Vehan
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)
Typed or printed name of signee

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:

Sell My Timeshare NOW, LLC

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

Lucinda Rein Name 251 Mai Hand Avenue, Suite # 315

Fiorida street address (P.O. Box NOT ACCEPTABLE)

Altamonte-Springs FL 32701

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 608, F.S..

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELLMYTIMESHARENOW, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2004.

OH JAN 15 AN 11: 33
SECKETAN C' STATE
ALLANASSEE, FLORIDA



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2863215

DATE: 01-12-04

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