# 110900003365

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only,



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08/25/09--01026--008 \*\*125.00



W09-38463

J. BRYAN

AUG 27 2009

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PVH Travel, LLC, Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Name of Person  PVH Tavel LLC,	
4139 W. Vine St Suite III	
Kissimmee FL 34741 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	*****
Melcha Lee at 407, 344-3117 8 2	
MAINING ADDRESS CONTRACT CONTR	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\int \text{\$155.00 Filing Fee & }\int \text{\$160.00 Filing Fee, Certificate }\text{Certificate Copy}\$	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2009

MELENA LEE PVH TRAVEL, LLC 4139 W. VINE ST., SUTIE 111 KISSIMMEE, FL 34741

SUBJECT: PVH TRAVEL, LLC Ref. Number: W09000038463

O9 AUG 26 PH 12: 46
SECRETARY OF STATE ANASSEE FLORIDI

We have received your document for PVH TRAVEL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 409A00028739

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR	E <b>IG</b> N	
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
	A Marie State Stat	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability	ritten	
Company," "L.L.C," "LLC.")		
2. Description under the law of which foreign limited liability (FEI number, if applicable)	and the state of t	
company is organized)  4. August 17, 2007  (Duration) Year limited liability company will cease to		
(Duration: Year limited liability company will cease to exist or "perpetual")		
6.		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	n	:
7. 4139 W. Vine Street, Swite 1段 &	=	
7. 4139 W. Vine Street, Swite 1938 Kissimmee FL 34741 (Street Address of Principal Office)	M	;
(Street Address of Principal Office)	O	
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:		•
Melena lue - 4139 W. Vine St. Ste1/1	KISSA	າກທ <sub>າ</sub>
	F139	1 14
	: .	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	dsin	
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: BCCKIAG		
Vacation homes Aslabouking Agent /Supp	100	
Till as no report of the property of the prope		
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 until the penalties of perjury that the facts stated herein are true.)		
Ne ena Lee		
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:	2-4		
PVH Travel, UC.	SECR	09 A	
If unavailable, the alternate to be used in the state of Florida is:	ETARY OF HASSEE. 1	UG 26 PM	
2. The name and the Florida street address of the registered agent and office are:	STATE	12:46	J
Malenalee			~
Florida Street Address (P.O. Box NOT ACCEPTABLE)	111		
Kissimmer FL 34741			

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, Florida Statutes.

(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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PVH TRAVEL, 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 SEVENTEENTH DAY OF AUGUST, A.D. 2009.



4721215 8300

090783631

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 7479934)

DATE: 08-17-09

You may verify this certificate online at corp.delaware.gov/authver.shtml