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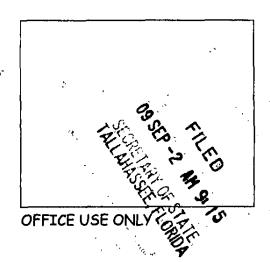
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EXAMINER

09 SEP -2 AH 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. ASTON HOTELS & RESORTS, LLC

CK# 4087

AMOUNT \$130.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO:	Registration of	on Section f Corporatio	ons					
SUBJI	JECT: Aston Hotels & Resorts, LLC Name of Limited Liability Company							
The en Exister	closed "App nce, and chec	ication by F k are submi	foreign Limited Lial tted to register the a	oility Cor bove refe	mpany for erenced fo	r Authorization oreign limited	n to Ti liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida
Please	return all co	respondenc	e concerning this m	atter to th	e followi	ng:		
	_			~~~~~~	torla J.			
				N	ame of P	erson		
Interval International, Inc.								
	_	Firm/Company						
				6262	Sunse	t Drive		
	Address							
				Miar	ni, FL	33143		
	City/State and Zip Code							
	•					tervalinti.co		
			E-mail address: (to be use	d for futu	re annual repo	ort noti	ification)
For fur	ther informa	ion concern	ing this matter, plea	se call:				
		Victor	ria J. Kincke		at (305 ₁		666-1816 x:7067
		Nam	e of Person	Are	a Code &	Daytime Tele	ephon	e Number
	Division of Registration P.O. Box 6		ns	Division Registr Clifton 2661 E	ration Sec Building	porations ction g Center Circle		
Enclo	sed is a ch	ck for the	following amou	nt:				
	S125.00	Filing Fee	\$130.00 Filin Certificate	- _	□s1:	55.00 Filing Fo		S160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Aston Hotels & Resorts, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 13-4207830 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) May 31, 2002 Perpetual (Date of Organization) (Duration: Year limited liability company exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2155 Kalakaua Avenue, Suite 500 Honolulu, HI 96815-2354 (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: Kelvin M. Bloom 2155 Kalakaua Avenue, Suite 500, Honolulu, Hi 96815 John A. Galea 6262 Sunset Drive, Miami, FL 33143 Victoria J. Kincke 6262 Sunset Drive, Miami, FL 33143 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Management and other lawful purposes. 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.)

Victoria J. Kincke

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT 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:					
Aston Hotels & Resorts, LLC					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida street address of the registered agent and office are:					
NRAI Services, Inc.					
(Name)					
2731 Executive Park Dr., Ste 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Weston, PL 33331 City/State/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 as provided for in Chapter 608, Florida Statutes.

(Signature) Eileen Chaddock

Special Asst. Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

ASTON HOTELS & RESORTS, LLC

was organized under the laws of the State of Hawaii on 05/31/2002; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 02, 2009

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Director of Commerce and Consumer Affairs