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. (R€	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ ` Certificates	of Status		
Special Instructions to Filing Officer:				
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EXAMINER

COVER LETTER

TO:

SUBJECT: Legacy Escapes, L	Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Existence, and check are submitted to register the	Liability Company for Authorization to Transact Business in Florida," he above referenced foreign limited liability company to transact busing	' Certificate of sess in Florida
Please return all correspondence concerning this	s matter to the following:	
Joanne Budzinski		
	Name of Person	
	Firm/Company	
13427 Bonica Way	•	
	Address	
Windermere/Fl. 34786		
	City/State and Zip Code	
rbudzinski@cfl.rr.cc	om	
E-mail addres	ss: (to be used for future annual report notification)	10
For further information concerning this matter,	please call:	E T
Rick Budzinski	at (407) 304-7979 SS	3
	Anna Cada & Davidina Talankana Numban	E ITI
Name of Person	\sim	ယ္ 🗇
MAILING ADDRESS:	STREET ADDRESS: Division of Corporations	C)
	STREET ADDRESS: Division of Corporations Registration Section Clifton Building	<u>က</u> မေ

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:

1.	"Legacy Escapes, LLC." (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
	Delaware Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4.	9/14/2010 (Date of Organization) 5. Perpetual (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)
7. 13427 Bonica Way, Windermere, Fl. 34786	
8.	(Street Address of Principal Office) 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: Usual Joanne Budzinski 13427 Bonica Way, Windermere, Fl. 34786
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under each of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Private residence club services, provision to club members of temporary accommodations in leased or owned hom. 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Joanne Budzinski

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:	
"Legacy Escapes, 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:
Joanne Budzinski	10 DE
(Name)	DEC 23
13427 Bonica Way	<u> </u>
Florida Street Address (P.O. Box NOT ACCEPTAB	SIA SIA SIA
Windermere _{FL} 34786	
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.

\$ 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 "LEGACY ESCAPES, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY ESCAPES, LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2010.

4871574 8300

101104782

AUTHENT CATION: 8430211

DATE: 12-15-10

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