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### Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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Account Number : I2C070000160
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L. SELLERS

MAR 25. 2011

EXAMINER

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Foreign Limited Liability Company
The Vacation Station, LLC

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#### 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, THE VACATION STATION, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
CTA VACATIONS, LLC			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and stach 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.")			
2. SOUTH CAROLINA 3. 20-5330654			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)			
4. AUGUST 23, 2006 5. PERPETUAL			
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")			
6. UPON QUALIFICATION			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7. 2002 N LOIS AVENUE, STE 175			
TAMPA, FLORIDA 33607			
(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:			
MGRM: RANDY GARDNER, 1204 PALM BLVD, STE A, ISLE OF PALMS, SC 29451			
MGRM: LAURA GARDNER, 1204 PALM BLVD, STE A, ISLE OF PALMS, SC 29451			
MGRM: JOE SHIRLEY, 1204 PALM BLVD, STE A, ISLE OF PALMS, SC 29451			
MGRM: LINDA SHIRLEY, 1204 PALM BLVD, STE A, ISLE OF PALMS, SC 29451			
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 each of the translator must be submitted.)			
11. Nature of business or purposes to be conducted or promoted in Florida:			
ANY LAWFUL PURPOSE			
Afrika Fo			
Signature of a member of 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			
document to the Department of State constitutes a third degree felony as provided for in s.817.155.7.5.			
Typed or printed name of signee			
~_ U ()			

# 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.

I. The name of t	he Limited Liability Company is:
THE VA	CATION STATION, LLC
If unavailable, th	e alternate to be used in the state of Florida is:
CTA VA	CATIONS, LLC
2. The name and	the Florida street address of the registered agent and office are:
	•
S	SUPERBIZ REGISTERED AGENT, INC.
Ş	SUPERBIZ REGISTERED AGENT, INC. (Name)
-	(Name) 761 VISTA PARKWAY, STE E4
-	(Name)
2	(Name) 761 VISTA PARKWAY, STE E4

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.

Paul Smith V.P. (Signature)

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## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of THE VACATION STAT	ION, LLC	
a limited liability company duly organized a	, , ,	
SOUTH CAROLINA (State or Country of Organization)		
Because the name of this foreign limited liab	pility company does not satisfy the	
requirements of the s. 608,406, F.S., the limit	ted liability company hereby adopts the	
following name to transact business in the st	ate of Florida:	
CTA VACATIONS, LLC		
(Name to be used by limited liability company in Florida. 1 Company, L.L.C., or LLC.)	NOTE: Name must ond with Limited Liability	
Date: 03/23/2011		
Signature(s) of Manager(s) and/or Managing Member(s):		
Mal	Randy Gardner	
	Laura Gardner	
A Shila	Joe Shirley	
Sit Sting	Linda Shirley	

CR2E122 (7/07)

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

VACATION STATION, LLC THE, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 23rd, 2006, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 24th day of March, 2011.

Mark Hammond, Secretary of State