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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TRADING PLACES	INTERNATIONAL, LLC			
	me of Limited Liability Company			
	bility Company for Authorization to Transact Business in Fabove referenced foreign limited liability company to transa			
Please return all correspondence concerning this m	natter to the following:			
SANDRA BROWN	Name of Person			
	Name of Person			
INTERVAL INTERNATIO	NAL, INC.			
	Firm/Company			
6262 SUNSET DRIVE				
	Address			
MIAMI, FL 33143				
	City/State and Zip Code			
Sandra.Brown@inter	valintl.com			
E-mail address: ((to be used for future annual report notification)			
For further information concerning this matter, ple	ase call:	\mathbb{F}_{α}	201	
SANDRA BROWN	at (305) 666-1861 X:7101		2 K#R	****
Name of Person	Area Code & Daytime Telephone Number	S 75	L	Dear
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	FOR STATE		Manager
Enclosed is a check for the following amortises \$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee}\$ Certificate of States	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, C			

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. TRADING PLACES INTER (Name of Foreign Limited Liability	NATIONAL, LLC Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
	adopted for the purpose of transacting business in Florida and atta bers adopting the alternate name. The alternate name must includ	
2. CALIFORNIA (Jurisdiction under the law of which fore company is organized)	3. 95-2848811 (FEI number, if applicable)
4. 11/30/2010 (Date of Organization)	5. PERPETUAL (Duration: Year limited liability compaexist or "perpetual")	my will cease to
	sacted business in Florida, if prior to registration.) 8.501 & 608.502 F.S. to determine penalty liability)	
7. 23807 ALISO CREEK RO LAGUNA NIGUEL, CA 9267		AS 2017
8. If limited liability company is a r	manager-managed company, check here	ETARY ETARY
9. The name and usual business add	dresses of the managing members or managers are as for	ollows:
WILLIAM L. HARVEY	6262 SUNSET DRIVE, MIAMI, FL 33143	
JOHN A. GALEA	6262 SUNSET DRIVE, MIAMI, FL 33143	
VICTORIA J. KINCKE	6262 SUNSET DRIVE, MIAMI, FL 33143	
	ence, no more than 90 days old, duly authenticated by the official have ganized. (A photocopy is not acceptable. If the certificate is in a for translator must be submitted.)	_ ,
11. Nature of business or purposes	to be conducted or promoted in Florida: ANY LAWFUL AG	CT OR ACTIVITY
FOR WHICH A CALIFORNIA LIMITED	LIABILITY COMPANY MAY BE ORGANIZED THAT IS LAWF	UL IN FLORIDA
1 com	Men	
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.)

VICTORIA J. KINCKE
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 l	Linuted Liability Compa	any 19:	
TRADING PL	ACES INTERNA	ATIONAL, LLC	
If unavailable, the al	ternate to be used in the	state of Florida is:	
2. The name and the	Florida street address o	of the registered agent and office are:	
NRA	Al Services, Inc.		
	· · · · · · · · · · · · · · · · · · ·	(Name)	•
515	East Park Avenue		
	Florida Street Addi	ress (P.O. Box NOT ACCEPTABLE)	
<u>Tai</u>	lahassee	_{FL} 32301	AHASI AR
		City/State/Zip	O SEE
liability company at t agent and agree to ac relating to the proper obligations of my pos NRA	he place designated in th it in this capacity. I furth and complete performan	o accept service of process for the above st is certificate, I hereby accept the appointn ier agree to comply with the provisions of a nce of my duties, and I am familiar with an as provided for in Chapter 608, Florida St	nent as registered ± all statutes ad accept the
By:	Calley (Signa	dd ture)	
E1	leen Chaddock, Sp	ecial Asst. Secretary	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certifled Copy (optional) Certificate of Status (optional)	

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: TRADING PLACES INTERNATIONAL, LLC

FILE NUMBER: FORMATION DATE:

201033710013

11/30/2010

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 12, 2011.

DEBRA BOWENSecretary of State