M12000001439

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (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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| | | | |
| W12000011108 | | | |

Office Use Only



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SECTIONARY OF STATE
ALLAHASSEE FIRE

D. BRUCE

MAR 1 4 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2012

SHERRY SCHLOSSNAGLE 3360 SOUTH ATLANTIC AVENUE # 406 COCOA BEACH, FL 32931

SUBJECT: EAST COAST VACATIONS LLC

Ref. Number: W12000011108

We have received your document for EAST COAST VACATIONS LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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, pleased all (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00007960

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: EAST COAST VACATIONS LLC |
|--|
| Name of Limited Liability Company |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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: |
| SHERRY SCHLOSSNAGLE |
| Name of Person |
| EAST COAST VACATIONS LLC |
| Firm/Company |
| 3360 SOUTH ATLANTIC AVENUE # 406 |
| Address |
| COCOA BEACH FL 32931 |
| City/State and Zip Code |
| sherry@omniti.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| SHERRY SCHLOSSNAGLE at (321) 960 0628 |
| Name of Person Area Code & Daytime Telephone Number |
| 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 |
| Enclosed is a check for the following amount: \$\int_{125.00}\$ \text{Filing Fee} \text{Fee} \text{\$\subseteq} \text{\$\subsetence{130.00} \text{Filing Fee} & Certificate of Status} \text{\$\subseteq} \$\subs |

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 TRANSACTBUSINESS IN THE STATE OF FLORIDA:

| 1. EAST COAST VACATIONS 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 wr consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") |
| 2. DE 3. 45-4549792 |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) |
| 4. FEBRUARY 9, 2012 5. PERPETUAL |
| (Date of Organization) (Duration: Year limited liability company will cease to 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. 3360 SOUTH ATLANTIC AVENUE #406 |
| COCOA BEACH, FL 32931 |
| (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: |
| GEORGE SCHLOSSNAGLE JR. 3360 SOUTH ATLANTIC AVE #406 COCOA BEACH FL 32931 |
| SHERRY SCHLOSSNAGLE 3360 SOUTH ATLANTIC AVENUE #406 COCOA BEACH, FL 32931 |
| |
| 10. Attached is an original certificate of existence, no morethan 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 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: |
| PURCHASING VACATION PROPERTIES |
| Sherry Schlosonagle |
| 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 |

SHERRY SCHLOSSNAGLE

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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:

EAST COAST VACATIONS LLC

If unavailable, the alternate to be used in the state of Florida is:

GWS EAST COAST VACATIONS LLC

2. The name and the Florida street address of the registered agent and office are:

| SHERRY SCHLOSSNAGL | E | 26 7 |
|-----------------------|------------------------|-------------|
| (Na | ame) | AN E TO |
| 3360 SOUTH ATLANTIC A | VENUE #406 | ASSI ASSI |
| <u></u> | O. Box NOT ACCEPTABLE) | |
| COCOA BEACH | FL 32931 | 2: 45 |
| City | y/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.

Shury Schlessnage (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 "EAST COAST VACATIONS 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 SIXTH DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAST COAST VACATIONS LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

MAR 13 MM 2: 48
AHASSEE FLORIB

5107608 8300

120277663

DATE: 03-06-12

AUTHENTYCATION: 9410094

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