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SECRETARY OF STATE NLLAHASSEE, FLORIG

JAN 2 6 2016

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Sandpiper 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:						
Keith A. Urtel Name of Person						
Keith A. Urtel, CPA, PA						
1299 Ginger Circle Address Weston, FLorida 33326 City/State and Zip Code						
Weston, Florida 33326						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call: Keith A. Urte at (954) 599-4834						
Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building Clifton Building Canada Code Daytime Telephone Number Clifton Graphic Company						
Enclosed is a check for the following amount: \$\begin{align*} \text{S125.00 Filing Fee} & \propto \text{S130.00 Filing Fee} & \propto \text{S155.00 Filing Fee} & \propto \text{S155.00 Filing Fee} & \propto \text{S160.00 Filing Fee, Certificate of Status} & \text{Certified Copy} \end{align*} \$\begin{align*} \text{S125.00 Filing Fee} & \propto \text{S160.00 Filing Fee, Certificate of Status} & \text{Certified Copy} & \text{OF STATUS} &						

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

	ION 605.0902, FLORIDA STATUTES, SINESS INTHE STATE OF FLORIDA:		IS SUBMITTED TO RE	GISTER A FOREI	GN LIMITED LIABILITY
	dbiber Vacation gn Limited Liability Company; must		C Liability Company," "]	L.L.Ĉ.," or "LLC.	")
	ernate name adopted for the purpose	of transacting bus	iness in Florida. The al	ternate name mus	t include "Limited
Liability Company," "L.L.C,"			27 277	11160	
2. /VEVAAA Ourisdiction under the law o	१ f which foreign limited liability	3	27-377 (FEI number, if	applicable)	
company is organized)					
4	No Business Prior (Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if pric	or to registration.)	PLANNED	II-I
	▲ .		nine penalty liability)	DATE	1/27/2016
5	199 Ginger av	rcle	,		
· We	eston, FL 33	326			
	(Street Address of Po	rincipal Office)			
6					
	Same as #5	above			,
	(Mailing A	(ddress)		SE SE	2016
	of Florida registered agent: (P.C			CR!	
Name:	Keith A. Wrte 1299 Gringer Weston (City)	el. CPA.	PA	AS	JAN 2
000 444	1299 Ginger	Occle		(4,27)	(C) *
Office Address:	1/201	01.01		227/D	> 11
	(City)		خ, Florida	7276 (
Degistered egent's accomb	anca:			\$ 233354°i	5
Having been named as reg designated in this applicati	ance. vistered agent and to accept servi ion, I hereby accept the appoints	ice of process for ment as registere	r the above Stated lived agree to	nited liability co o act in this can	mpany at the place acity. I further agree
to complywith the provision	ns of all statutes relative to the p	proper and comp	lete performance of	my duties, and	I am familiar with and
accept the obligations of m	y position as registered agent.	1706			
		1 lest	#		
		ered agent's signati	•		
	city and address of the person(s)				
Keith A.	Urtel, Manager,	1249 G	ringer Civide	Weston,	FL 33326
Lynnh	Urtel, Manager, Urtel, Manage	v 1299	Giracy Circ	le West	bn, FL 33324
7		/ / /	9		•
Attached is a certificate of the factor of the fac	of existence, no more than 90 day of which it is organized. (If the ce	ys old, duly authe crtificate is in a fo	enticated by the offic creign language, a tra	naving custon Instation of the c	ertificate under oath
of the translator must be sul		200			
	14-1-) C	lese			
•	Signature	of an authorized pe	erson		
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitut	203 (1) (b), Flori tes a third degree	da Statutes. I am awa felony as provided f	are that any false or in s.817.155,	information F.S.
	KEITH A Typed or pr	_			
•	Typed or pr	rinted name of sigr	iee		

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SANDPIPER VACATIONS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 18, 2010, and is in good standing in this state.

A PYADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 20, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160120-2420
You may verify this electronic certificate
online at http://www.nvsos.gov/