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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Resort Interval, 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:

Antonio Zamora
Name of Person
Zamora, Hernandez & Hooda CPA Firm
Firm/Company
9485 SW 72 Street Suite A292
Address
Miami, Florida 33173
City/State and Zip Code
azamora@zhaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Zamora

_{at} 305

794-7896

Name of Contact 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:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

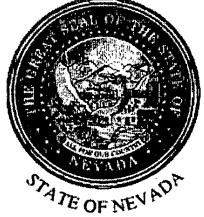
■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

· · · · · · · · · · · · · · · · · · ·			lity Company," "L.L.C.," or "LLC.")		
	ited Liability Company		e alternate name must include "Limited Lia	bility Compar	ny," "L.L.C," o	r "LLC.")
Nevada	······		_{3.} 42-1769361			
	which foreign limited liability company is			ber, if applical	bis // =	<u>.</u>
May 15, 2017						7. WAY
	(Date first transacted business in (See sections 605.0904 & 605.09	Florida, if prior to registrat 05, F.S. to determine pena	ion.) Ity liability)		'T '	
5. 5201 Blue Lagoo	on Drive	_	5. 5201 Blue Lagoon D		SE Y	
(Street Address of 9th Floor Suite 9			9th Floor Suite 916	ress)	179 179	
Miami, Florida 33	3126	-	Miami, Florida 3312	3	SA SA	
		•			<u> </u>	=
7. Name and street addre	ss of Florida registered agen	t: (P.O. Box <u>NO</u>	<u>Γ</u> acceptable)			
Name:	Antonio Zamora					
	9485 SW 72 Street	Suite A292				
Office Address:		Odito / WOZ				
	Miami	(City)	, Florida 33173			
lesignated in this applic	ation, I hereby accept the ap	pointment as regi	ss for the above stated limited istered agent and agree to act	in this co	apacity. $I_{ m J}$	further agre
designated in this applicate to comply with the provision.	ation, I hereby accept the ap	ppointment as regi to the proper and	istered agent and agree to act complete performance of my	in this co	apacity. $I_{ m J}$	further agre
designated in this applicate to comply with the provision.	ation, I hereby accept the apsions of all statutes relative to as of my position as register	opointment as region the proper and ed agent.	istered agent and agree to act complete performance of my	in this co	apacity. $I_{ m J}$	further agre
designated in this applic to comply with the provis and accept the obligation	ation, I hereby accept the apsions of all statutes relative in sof my position as register	opointment as region to the proper and ed agent. Geographic Geographic Registered agent's signature.	istered agent and agree to act complete performance of my	in this co	apacity. $I_{ m J}$	further agre
designated in this applic to comply with the provis and accept the obligation	ation, I hereby accept the apsions of all statutes relative in sof my position as register	oppointment as registed the proper and ed agent. Grant Gran	istered agent and agree to act complete performance of my	in this co	apacity. $I_{ m J}$	further agre miliar with
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designated in this application comply with the provisuand accept the obligation 8. The name, title or caparity: Manager Member	nation, I hereby accept the apsions of all statutes relative and as register. (I) Deacity and address of the person Name and Address Otero 5201 Blue Lagoon Drive 6 Miami, Florida 33128	oppointment as registed the proper and ed agent. Grant Gran	istered agent and agree to accomplete performance of my re authority to manage is/are:	in this co	apacity. I j nd I am fa	further agre miliar with
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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, **RESORT INTERVAL 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 8, 2009, and is in good standing in this state.

Tion 1

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 26, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170426-1075
You may verify this electronic certificate
online at http://www.nvsos.gov/

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State

KIMBERLEY PERONDI

Deputy Secretary
for Commercial Recordings



Commercial Recordings Division

202 N. Carson Street Carson City, NV 89701-4201 Telephone (775) 684-5708 Fax (775) 684-7138

OFFICE OF THE SECRETARY OF STATE

Antonio Zamora 9485 SW 72 Street Suite A292 Miami, FL 33173

Job:C20170426-1075 April 26, 2017

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good standing - short form)	20090735834-51	10/8/2009 7:05:10 AM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Туре	Description	Amount
Credit	00233E 4932296072286652403064	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents: Web Certificate of Good Standing Short(s):

1

Antonio Zamora 9485 SW 72 Street Suite A292 Miami, FL 33173