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(City/State/Zip/Phone #)

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(Business Entity Name)

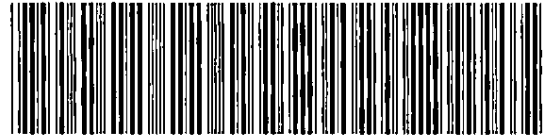
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/28/17

NAME: VACATION INNOVATIONS, LLC

TYPE OF FILING: APPLICATION

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vacation Innovations, 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:

J. Sims Rhyne III

Name of Person

Burr & Forman LLP

Firm/Company

420 North 20th St.

Address

Birmingham, AL 35203

City/State and Zip Code

corporations@vacationinnovations.com

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

For further information concerning this matter, please call:

J. Sims Rhyne III

Name of Contact Person

at (205)

Area Code

458-5395

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

17 SEP 28 AM 8:49

Vacation Innovations, LLC
8545 Commodity Circle, Suite 250
Orlando, Florida 32819

September 28, 2017

State of Florida
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Vacation Innovations, LLC Consent to Indistinguishable Foreign LLC Name

To whom it may concern:

Simultaneous with this letter and on our behalf, our representatives have delivered to the Florida Division of Corporations (the "Division") an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Vacation Innovations, LLC, a Delaware limited liability company (the "Foreign LLC").

Pursuant to the filing of the Articles of Conversion that were submitted for Vacation Innovations, LLC, a Florida limited liability company with a Florida document number of L08000111997 (the "Domestic LLC"), to the Division on September 26, 2017, the Domestic LLC has been converted to a Delaware limited liability company and is no longer active in Florida.

Please accept this letter as the Domestic LLC's written consent to the Foreign LLC using "Vacation Innovations, LLC" as foreign limited liability company name in Florida.

Sincerely,

VACATION INNOVATIONS, LLC

By: _____
Name: Scott C. Roberts
Title: Authorized Representative

**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:

1. Vacation Innovations, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 26-3834623
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8545 Commodity Circle, Suite 250 6. 8545 Commodity Circle, Suite 250
(Street Address of Principal Office) (Mailing Address)
Orlando, Florida 32819 Orlando, Florida 32819

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

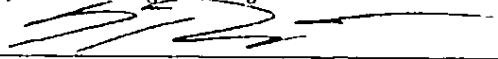
Name: Scott C. Roberts

Office Address: 8545 Commodity Circle, Suite 250

Orlando, Florida 32819
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

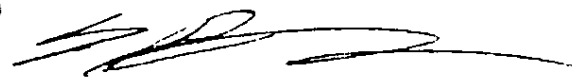

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Member</u>	<u>NeRo Stone, LLC</u> <u>8545 Commodity Circle, Suite 250</u> <u>Orlando, FL 32819</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Scott C. Roberts

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VACATION INNOVATIONS, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VACATION INNOVATIONS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

17 SEP 28 AM 8:49
NOTES
10/1/17



6556391 8300

SR# 20176340294

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203292611

Date: 09-26-17