

# M180000/0006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

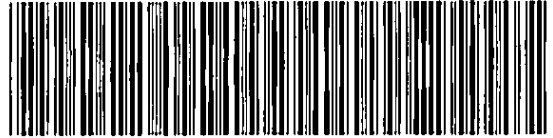
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*M18-10006*

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NOV 18 2018  
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AM 10:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

NOV 7 2018

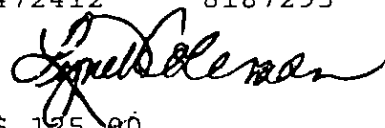
FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 472412 8187295

AUTHORIZATION :



COST LIMIT : \$ 125.00

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ORDER DATE : November 5, 2018

ORDER TIME : 9:47 AM

ORDER NO. : 472412-010

CUSTOMER NO: 8187295  
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FOREIGN FILINGS

NAME: ILG, LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ILG, 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:

Sandra Brown

Name of Person

ILG, LLC

Firm/Company

6262 Sunset Drive

Address

Miami, FL 33143

City/State and Zip Code

sandra.brown@intervalintl.com

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

For further information concerning this matter, please call:

Sandra Brown

at ( 305 ) 925-7011

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:

1. ILG, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-2590997

(FE number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration;  
see sections 605.0901 & 605.0903, F.S. to determine priority liability)

5. 6262 SUNSET DRIVE

(Street Address of Principal Office)

MIAMI, FL 33143

6. 6262 SUNSET DRIVE

(Mailing Address)

MIAMI, FL 33143

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

Florida 32301

(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.

By: Camille Silva  
Corporation Service Company

Camille Silva  
Assistant Vice President

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGER

JOHN E. GELLER, JR.  
6262 SUNSET DRIVE  
MIAMI, FL 33143

MANAGER

STEPHEN P. WEISZ  
6262 SUNSET DRIVE  
MIAMI, FL 33143

MANAGER

JAMES H. HUNTER  
6262 SUNSET DRIVE  
MIAMI, FL 33143

(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)

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.

Signature of an authorized person

JAMES H. HUNTER

Typed or printed name of signer

RECEIVED  
STATE DEPT. OF  
HHS  
NOV - 6 AM 10:07

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ILG, 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 NOVEMBER, A.D. 2018.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILG, LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2008.

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

9AM NOV - 6 AM 10:07

SECRETARY OF STATE



  
Jeffrey W. Bullock, Secretary of State

4535370 8300

SR# 20187495686

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203842247

Date: 11-06-18