5/29/2019

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000171362 3)))



H190001713623ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

And the second s

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_\_

## Foreign Limited Liability Company

## Interval Exit Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

B KINSEY

MAY 3 0 2019

Electronic Filing Menu

Corporate Filing Menu

Help

.۔۔ ریا

## COVER LETTER

TO:	Registration Section Division of Corporations		
SHRI	Interval Exit Services, LLC		
3CB0	Nam	e of Limited Liability Company	
The er Existe	iclosed "Application by Foreign Limited Liability (nee, and check are submitted to register the above t	 Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact busin	Certificate of tess in Florida.
Please	return all correspondence concerning this matter to	the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	C	ity/State and Zip Code	
	benjamin,whited1980@yahoo.com		. 7
	E-mail address: (10 bo	used for future annual report notification)	)910 
For fu	rther information concerning this matter, please cal	   : 	gran HAY
	Cheyenne Moseley	800 773-0888 exi9724	3
	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	(H:47)
Enclo	sed is a check for the following amount:  \$\Bigsireq \\$125.00 \text{ Filing Fee} \Bigsireq \\$130.00 \text{ Filing Fee} \text{Certifleate of Status}	& <b>3</b> \$155.00 Filing Fee & <b>5</b> \$160.00 Filing Fee, C Certified Copy of Status & Certified Co	

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

	CTION 605.0902, FLORIDA STATUT <mark>E</mark> USINESS IN THE STATE OF FLORIO		ING IS SUBMITTED TO REGIST	FR A FORFIGN LIMITED HABIL
Interval Exit Services,				
	n Limited Liability Company, must inclu	de "Limited Linbil	ty Company," "L.L.C.," or "LLC.")	)
(Il name unavailable, enter alternate	name adopted for the purpose of transacting bu			distiny Correptoy," "1, 1, 0," or "UTC ")
2. North Carolina			82-3014889	
(Jurisdiction under the law of	which foreign limited hability company is organ	ized)	(FE) quant	ber, if applicable)
4				
	(Thre first transacted husiness in Florid (See sections 605 0904 & 605 0905, F)	a, if prior to registration S to descripting penalt	n ) y (mbility)	
5 360 S. Graham St. Aj			360 S. Graham St. Apt 553	3
(Street Address of	Priscipal Office)		(Mailing Add	tress)
Charlotte, NC 28202			Charlotte, NC 28202	<u> </u>
				No. 13.5
7. Name and street addre	ess of Florida registered agent: (	P.O. Box <u>NOT</u>	aeceptable)	ب. د
Name:	United States Corporation Ag	ents, Inc.		
Natuc.			<del> </del>	
Office Address:	13302 Winding Oak Court Su	ite A	<del></del>	- •
	Tampa			-1
	(Ciry	)	(Zip cno	de)
to comply with the provi	registered agent and to accept se eation, I hereby accept the appoint sions of all statutes relative to the	niment as regis e proper and c	tered agent and agree to act omplete performance of my	duties, and I am Jamiliar with
to comply with the provi	ration. I hereby accept the uppoli	niment as regis e proper and c	tered agent and agree to act omplete performance of my  Cheyence Moseke	in this capacity. I further ago duties, and I am Jamiliar with y, Assistant Secretary on behalf Corporation Agents, Inc.
to comply with the provi	ation, I hereby accept the appoin sions of all statutes relative to the ns of my position as registered a	niment as regis e proper and c	tered agent and agree to act omplete performance of my Cheyeane Mosele of United States C	duties, and I am Jamiliae with y, Assistant Secretary on behalf
to comply with the provi and accept the obligation	sation, I hereby accept the appoint sions of all statutes relative to the ns of my position as registered a (Ragin	niment as regis e proper and c gent  rod agest's signature	tered agent and agree to act omplete performance of my Cheyeane Mosele of United States C	duties, and I am Jamiliar with cy, Assistant Secretary on behalf Corporation Agents, Inc.
to comply with the provi and accept the obligation	ation, I hereby accept the appoin sions of all statutes relative to the ns of my position as registered a	niment as regis e proper and c gent  rod agent's signature s) who has/have	tered agent and agree to act omplete performance of my Cheyeane Mosele of United States C	duties, and I am Jamiliar with cy, Assistant Secretary on behalf Corporation Agents, Inc.
to comply with the provi and accept the obligation 8. The name, title or cap	ration, I hereby accept the appoint is ions of all statutes relative to the statutes of my position as registered a (Registered pacity and address of the person)	niment as regis e proper and co gent  red agest's signature s) who has/have	cered agent and agree to act complete performance of my Cheyeane Morele of United States C	duties, and I am Jamiliar with ty, Assistant Secretary on behalf Corporation Agents, Inc.
to comply with the provi and accept the obligation  8. The name, title or can Title or Capacity:	ration, I hereby accept the appoint is ions of all statutes relative to the statutes of my position as registered a regist	red ages s signance s) who has/have ited	cered agent and agree to act complete performance of my Cheyeane Morele of United States C	duties, and I am Jamiliar with  y, Assistant Secretary on behalf Corporation Agents, Inc.  Name and Address:
to comply with the provi and accept the obligation  8. The name, title or can Title or Capacity:	ration, I hereby accept the appoint isions of all statutes relative to the statutes of my position as registered a registered registered and registered reg	red ages s signance s) who has/have ited	cered agent and agree to act complete performance of my Cheyeane Morele of United States C	duties, and I am Jamiliar with  y, Assistant Secretary on behalf Corporation Agents, Inc.  Name and Address:
to comply with the provi and accept the obligation  8. The name, title or can Title or Capacity:	ration, I hereby accept the appoint is ions of all statutes relative to the statutes of my position as registered a regist	red ages s signance s) who has/have ited	cered agent and agree to act complete performance of my Cheyeane Morele of United States C	duties, and I am Jamiliar with  y, Assistant Secretary on behalf Corporation Agents, Inc.  Name and Address:
to comply with the provi and accept the obligation  8. The name, title or can Title or Capacity:	ration, I hereby accept the appoint is ions of all statutes relative to the statutes of my position as registered a regist	red ages s signance s) who has/have ited	cered agent and agree to act complete performance of my Cheyeane Morele of United States C	duties, and I am Jamiliar with  y, Assistant Secretary on behalf Corporation Agents, Inc.  Name and Address:
to comply with the provi and accept the obligation  8. The name, title or can Title or Capacity:	ration, I hereby accept the appoint is ions of all statutes relative to the statutes of my position as registered a pacity and address of the person(  Name and Address  Benjamin Daniel What 1860 S. Graham St. A	red ages s signance s) who has/have ited	cered agent and agree to act complete performance of my Cheyeane Morele of United States C	duties, and I am Jamiliar with  y, Assistant Secretary on behalf Corporation Agents, Inc.  Name and Address:
to comply with the provi and accept the obligation  8. The name, title or can Title or Capacity:	pacition, I hereby accept the appoint is ions of all statutes relative to the statutes of my position as registered a specify and address of the person (Name and Address Benjamin Daniel Wh. 360 S. Graham St. A. Charlotte, NC 28202	red ages s signance s) who has/have ited	cered agent and agree to act complete performance of my Cheyeane Morele of United States C	duties, and I am Jamiliar with  y, Assistant Secretary on behalf Corporation Agents, Inc.  Name and Address:
to comply with the provi and accept the obligation  8. The name, title or can Title or Capacity:  AMBR  (Use attachments if nece	pacition, I hereby accept the appoint is ions of all statutes relative to the statutes of my position as registered a pacity and address of the person(  Name and Address  Benjamin Daniel With 360 S. Graham St. A Charlotte, NC 28202	red agest's signature s) who has/have	chered agent and agree to act omplete performance of my Cheyeane Morele of United States Continued States Co	Name and Address:
8. The name, title or carrier and accept the obligation.  8. The name, title or carrier and accept the obligation.  8. The name, title or carrier and accept the or Capacity:  AMBR  (Use attachments if necessary).	pacition, I hereby accept the appoint is ions of all statutes relative to the statutes of my position as registered a specify and address of the person (Name and Address Benjamin Daniel Wh. 360 S. Graham St. A. Charlotte, NC 28202	red agest's signature s) who has/have ited pt \$53	chered agent and agree to act omplete performance of my  Cheyeane Morele of United States Continued States C	Name and Address:
to comply with the provi and accept the obligation  8. The name, title or can <u>Title or Capacity:</u> AMBR  (Use attachments if necess  9. Attached is a certifical	pacition, I hereby accept the appoint is ions of all statutes relative to the ins of my position as registered a pacity and address of the person(  Name and Address  Benjamin Daniel What 360 S. Graham St. A Charlotte, NC 28202	red agest's signature s) who has/have ited pt \$53	chered agent and agree to act omplete performance of my  Cheyeane Morele of United States Continued States C	Name and Address:
8. The name, title or can Title or Capacity:  AMBR  (Use attachments if necessity in the distribution of the law of the translator must be 10. This document is except.	pacition, I hereby accept the appoint is ions of all statutes relative to the ins of my position as registered a pacity and address of the person(  Name and Address  Benjamin Daniel What 360 S. Graham St. A Charlotte, NC 28202	tays old, duly a certificate is in	chered agent and agree to act omplete performance of my Cheyeane Morele of United States Continued States Co	Name and Address:  aving custody of records in the tion of the certificate under oat are that any false information
8. The name, title or can Title or Capacity:  AMBR  (Use attachments if necessity in the distribution of the law of the translator must be 10. This document is except.	paciton, I hereby accept the appoint is ions of all statutes relative to the ins of my position as registered a pacity and address of the person(  Name and Address  Benjamin Daniel What 360 S. Graham St. A Charlotte, NC 28202  essary)  te of existence, no more than 90 of which it is organized. (If the submitted)	tays old, duly a certificate is in	chered agent and agree to act omplete performance of my Cheyeane Morele of United States Continued States Co	Name and Address:  aving custody of records in the tion of the certificate under oat are that any false information
8. The name, title or can Title or Capacity:  AMBR  (Use attachments if necessity in the distribution of the law of the translator must be 10. This document is except.	paciton, I hereby accept the appoint is ions of all statutes relative to the ins of my position as registered a pacity and address of the person(  Name and Address  Benjamin Daniel What 360 S. Graham St. A Charlotte, NC 28202  essary)  te of existence, no more than 90 of which it is organized. (If the submitted)	tays old, duly a certificate is in	chered agent and agree to act omplete performance of my Cheyeane Morele of United States Continued States Co	Name and Address:  aving custody of records in the tion of the certificate under oat are that any false information
8. The name, title or can Title or Capacity:  AMBR  (Use attachments if necessity in the distribution of the law of the translator must be 10. This document is except.	paciton, I hereby accept the appoint is ions of all statutes relative to the ins of my position as registered a pacity and address of the person(  Name and Address  Benjamin Daniel What 360 S. Graham St. A Charlotte, NC 28202  essary)  te of existence, no more than 90 of which it is organized. (If the submitted)	at the degree of the control of the	chered agent and agree to act omplete performance of my Cheyeane Morele of United States Continued States Co	Name and Address:  aving custody of records in the tion of the certificate under oat are that any false information



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE

(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### INTERVAL EXIT SERVICES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 2nd day of October, 2017

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Sean to verify online.

Certification# 105096899-1 Reference# 15429722- Page: Fol I Verify this certificate online at http://www.sosne.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of May, 2019.

Elaine I. Marshall

Secretary of State