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21 Robert Pitt Drive Suite 310 • Monsey, NY 10952 • 845.356.8390 • Fax 845.356.8397

March 11, 2020

**Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314**

Re: Burton Vacation Rental, LLC

To Whom It May Concern:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida which was completed by our client Burton Vacation Rental LLC.

Once the application has been approved, please forward evidence of the approval to:

Burton Vacation Rental LLC
799 Lochmoor Blvd
Grosse Point Woods, MI 48236

If there is any issue with the application, or if you require any further information, kindly contact us at the number or address listed below.

Respectfully,

Ninnette M Aquino
Corporate Compliance
Business Licenses, LLC
21 Robert Pitt Drive, Suite 310
Monsey, NY 10952
T: 845.356.8390 Ext. 216
F: 845.356.8397
E: aquino@businesslicenses.com

2020 MAR 18 PM 4:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Burton Vacation Rentals, 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:

Michael J Burton

Name of Person

Burton Vacation Rentals, LLC

Firm/Company

799 Lochmoor Blvd

Address

Grosse Pointe Woods, MI 48236

City/State and Zip Code

havenvacationrental@icloud.com

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

For further information concerning this matter, please call:

Michael J Burton

407

433-4438

Name of Contact Person

at (_____) _____
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2020 MAR 18 PM 4:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Burton Vacation Rentals, LLC

Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

Michael J Burton

Name of Person

Burton Vacation Rentals, LLC

Firm/Company

~~7720 Comrow St~~

799 Lockwood Blvd.

Address

~~Kissimmee, FL 34747~~

Grass Pointe Woods, MI 48236.

City/State and Zip Code

havenvacationrental@icloud.com

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

For further information concerning this matter, please call:

Michael J Burton

407

433-4438

at ()

Name of Contact Person

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Registration Section
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☐ \$155.00 Filing Fee &
Certified Copy

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

2020 MAR 18 11:4:09

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. Burton Vacation Rentals, 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. Osceola 3. 84-3464987
(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. 7720 Comrow St 6. 799 Lochmoor Blvd
(Street Address of Principal Office) (Mailing Address)

Kissimmee, FL 34747 Grosse Pointe Woods, MI 48236

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

Name: Samantha Le Rue

Office Address: 305 Briar Brook Lane

Haines City 33844
(City) , Florida (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.

Samantha Le Rue
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

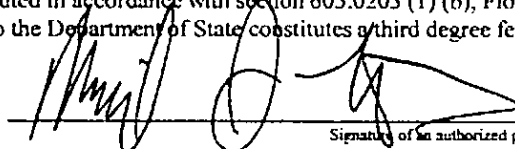
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Michael J Burton</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>799 Lochmoor Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Grosse Pointe Woods, MI 48236</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

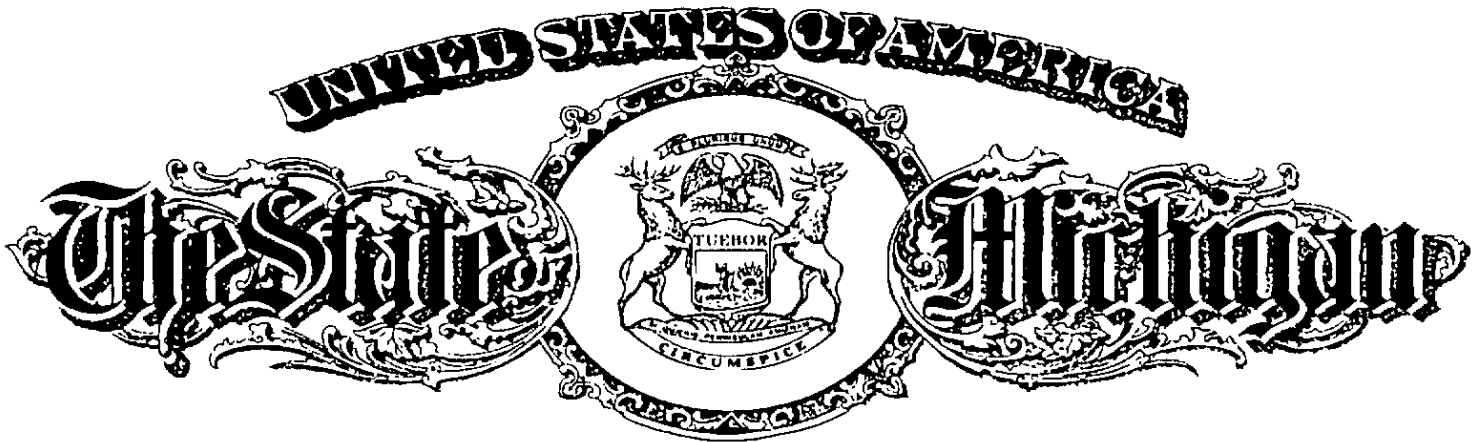
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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
 Michael J Burton

 Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

BURTON VACATION RENTALS LLC

was validly authorized on October 23 , 2019, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 7th day of February , 2020.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 20028550910