M98000001218



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 285.00

ORDER DATE: October 16, 1998

ORDER TIME : 9:44 AM

ORDER NO. : 999492-005

CUSTOMER NO: 5034104

CUSTOMER:

500002668865--0

Sanford Freedman, Esq.

630 5th Avenue, Suite 1616

New York, NY 10111

FOREIGN FILINGS

NAME: KISSIMMEE TIME SHARES, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

Name Availability

Document

Examiner

Updater

Ubcaler Verifyer

Acknowledgeme

vv. P. Verifyer,



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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Kissimmee Time Sh	ares, L.L.C.			_
	(Name of forei	gn lim	ited liability company)	_
2. <u>Delaware</u>		3.	Applied For	
(Jurisdiction under the law foreign limited liability comorganized)		•	(FEI number, if applicable)	
4. October 5, 1998		5.	July 31, 2025	
(Date of Organization)		·	(Duration: Year limited liability company will cease to exist or "perpetual")	
6. Projected to be Oc (Date first transacted busin		ctions	608.501, 608.502 and 817.155, F.S.)	
75770 West Irlo Br	onson Highway	7, Su	ite 129	
Kissimmee, Flori				
Street addre	ss of principal office)			
			each managing member (MGRM) or oreign limited liability company in	
NAME &	ADDRESS:		TITLE:	
Charles D.	Hundley		MGR	98
5770 West	Irlo Bronson Hi	<u>igh</u> w	ray	98 OCT 21 AMII
Suite 129			-	<u> </u>
Kissimme	e, Florida 34746			

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KISSIMMEE TIME SHARES, L.L.C." 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 NINETEENTH DAY OF OCTOBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

98 OCT 21 AMI1: 12

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Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

TP2 THME TIME SHA	RES, L.L.C.	
2. The name and the	e Florida street address of the registered agent and office are:	
Corr	poration Service Company	
	(Name)	<u> </u>
		88 File
		IVISION 98 OCT
_120	1 Hays Street	
	Florida street address (P.O. Box NOT ACCEPTABLE)	of core
Tal	lahassee, FL 32301	AM 11: 12
	City/State/Zip	

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 certificate, 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 relating 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: Vicki Schreiber aust. V.P.

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTION OF FOREIGN LIMITED LIABILITY COMPANY

	ne undersigned authorized representative of a member of ssimmee Times Shares, L.L.C. certifies:				
1)	the above named limited liability company has at least one member;				
2)	the total amount of cash contributed by the member(s) is	\$100.00;			
3)	3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property, if any, is attached and made a part hereto.)				
4)	4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amount from 2 and 3 above.)				
	\mathcal{O}_{1}				

Signature of a member or an authorized representative of a member. (In accordance with Section 608.408(3)) Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Charles D. Hundley
Typed or printed name of person executing affidavit.

Filing Fee: \$250.00 for Application and Affidavit.

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