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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

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

Email Address: and 87220 gmail. com

## FLORIDA LIMITED LIABILITY CO. FAIS VACATION HOME LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2024 JUL 22 PM 7: 41

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

The name of the Limited Liability Company and Effective day is:

#### FAIS VACATION HOME LLC

tMust end with the words "Limited Limbility Company, "Limited Company" or their abbreviation "LLC," or "L.C,")

#### ARTICLE II

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address
1131 Grund National Drive - Suite 103
Orlando, FL 32819

Mailing Address 7131 Grand National Drive - Suite 103 Orlando, FL 32819 2024 JUL 22 PM 1:09



#### ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot verve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

### ECCO PLANET USA, LLC

7131 GRAND NATIONAL DRIVE - SUITE 103 Florida Street address (P.O. Box NOT acceptable)

> ORLANDO, FL 32819 FL City, State, and 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 as provided for in Chapter 605, F.S.

Registered Agentl's Signature (REQUIRED)

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Orlando, FL 32819

#### ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title

SHARON MONIQUE TAVARES FAIS
7131 Grand National Drive - Suite 103
Orlando, FL 32819

PATRICA TAVARES FAIS
7131 Grand National Drive - Suite 103

#### ARTICLE V

Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing)

JULY 19, 2024

REQUIRED: SIGNATURE

X Traver Fran Jatrico Lavarer Fan Signature of a member or an authorized representative of a member.

He accordance with section 605 9203(1) (b). Florida Statutes, the ascention of this document constitutes an affirmation under the penaltics of persons that the facts stated herein are true.

SHARON MONIQUE TAVARES FAIS / PATRICA TAVARES FAIS

Fixed or printed name of signer

#### ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

The main objective of the company is:

HOLDING

SECTIVE SECTION 1:09