RI SOS Filing Number: 202225498550 Date: 12/27/2022 1:35:00 PM

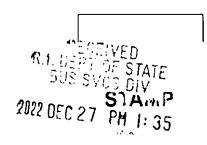


State of Rhode Island

**Department of State - Business Services Division** 

## **Application for Transfer of Authority**

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provision cation for the purpose of transferri			d foreign entity submits the following appli of Rhode Island to:
1. Entity ID Number:	2. The full name of the entity filing this application is:		
000078251	Vacation Resorts International		
3. The applicant is a duly qualifie	d foreign: (CHECK ONE BC	X ONLY)	
Limited Liability Company	Business	Corporation	Non-Profit Corporation
Limited Partnership	Limited L	iability Partnership	
4. The applicant submits this app	lication for the purpose of tr	ansferring its authori	ity to a: (CHECK ONE BOX ONLY)
Limited Liability Company (	RIGL <u>7-16-52.1</u> )	Business Corporation	on (RIGL <u>7-1.2-1411.1</u> )
Non-Profit Corporation (RIC	GL <u>7-6-80.1</u> )	Limited Partnership	(RIGL <u>7-13-52.1</u> )
Limited Liability Partnership	o (RIGL <u>Title 7,</u> as applicable	<del>:</del> )	
5. The date the applicant qualified to conduct business in Rhode Island is: 1/3/84		6. The jurisdiction	upon transfer of authority is:
		California	
7. The name of the entity following	•	<u>:</u>	
Vacation Resorts Internat	ional, LLC		
8. The application for transfer of	authority is filed as an accor	npanying certificate	to the: CHECK ONE BOX ONLY
Application for registration f	or a Limited Liabilty Compa	ny	
Application for certificate of	authority for a Business Co-	rporation	
Application for certificate of	authority for a Non-Profit Co	orporation	
Certificate of registration for	r a Limited Partnership		
Notice of registration for a r	egistered Limited Liability P	artnership	
8(a). This Transfer of Authority ar	nd applicable Application/Ce	rtificate/Notice must	be accompanied by a Certificate of Good
Standing/Legal Existence from th	e current jurisdiction of the	entity.	FILED
MAII TO.			
MAIL TO: Division of Business Services			DEC 27 2022 IVIP
148 W. River Street, Providence, Rhode Island 02904-2615			BY Le 1:35
Phone: (401) 222-3040 Website: www.sos.ri.gov			BY <u>ce 1,33</u>

TO BE COMPLETED BY THE BUTTONES OF THE STATE	1			
TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY				
Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, includ-				
ing any accompanying attachments, and that all statements contained herein are true and col	rrect and that the undersigned			
is authorized to sign this certificate on behalf of the entity set forth above.	Ť			
	<del></del>			
Type or Print Name of Limited Liability Company				
Signature of Authorized Person	Date			
Signature of Authorized Person	Date			
Tune or Brief Name of Company				
Type or Print Name of Corporation				
VACATION DECORTS INTERNATIONAL ING				
VACATION RESORTS INTERNATIONAL, INC.	İ			
Signature of Authorized Person	Date			
	12/22/2022			
Signature of Authorized Person	Date			
Type or Print Name of Partnership				
Cinnature of Deduce	I p - 4 -			
Signature of Partner	Date			
Signature of Partner	Date			
	i			
Signature of Partner	Date			
Type or Print Name of Other Entity				
Type of Finit Hame of Other Entity				
	T			
Signature of Authorized Person	Date			
Signature of Authorized Person	Date			

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

December 27, 2022 01:35 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

