TRANSMITTAL LETTER

POIOCOTOTO 3

Department of State

Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

SUBJECT:	VACATION VILLAS,	INC.	
	· · · (Proposed corpo	rate name - must include suf	fix)
•	A.		- w
		O	-00004478410 -07/16/010112801 *****78.75 *****78
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		Associates, Inc	
	3956 Town Cen Orlando, FL City, 407-248-9877	ter Blvd., #165 address 32837 State & Zip	OI JUL 16 PM 12: 00 SECRETARY OF STATE TALLAHASSEE. FLORIDA

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VACATION VILLAS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

7913 MAGNOLIA BEND COURT KISSIMMEE, FL 34787

and the mailing address of this corporation shall be:

109 QUEEN STREET
PETERHEAD
ABDERDEENSHIRE
AB42 1UA
SCOTLAND, UNITED KINGDOM

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JOHN STEPHEN 7913 MAGNOLIA BEND COURT KISSIMMEE, FL 34787 OI JUL 16 PH 12: 00
SECRETARY OF STATE
TALLAHASSEE. FLORID.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOHN STEPHEN 7913 MAGNOLIA BEND COURT KISSIMMEE, FL 34787

i ne undersigned ii of JULY, 2001 .	ncorporator(s) has(have) executed these Articles of Incorpor	ration this 12th day
_	Signature	<u> </u>
	Signature	·
	Signature	

NOTARIZATION IS NOT REQUIRED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- The name of the corporation is: **VACATION VILLAS, INC.** 1.
- 2. The name and address of the registered agent and office is:

7913 MAGNOLIA BEND COURT (P.O. Box or Mail Drop Box NOT Acceptable)

KISSIMMEE, FL 34787 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

JULY 12, 2001

(Signature) (Date)

JOHN STEPHEN

(NAME)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314