Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT: Absolutely Florida Accommodations Inc.,

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 □ \$78.75

Filing Fee Filing Fee & Certificate of Status

□ \$78.75

Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

Rosalind Williams

Name (Printed or typed)

130 Seabreeze Circle

Address

Kissimmee, Florida 34744

City, State & Zip

407-310-3687

Daytime Telephone number

FLORING

FLORING

TORNO

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

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ARTICLE I NAME	
The name of the corporation shall be:	
Absolutely Florida Accommodations Inc.,	
ARTICLE II PRINCIPAL OFFICE	ener, energia
The principal place of business/mailing address is:	
130 Seabreeze Circle, Kissimmee, Florida 3	4744
ARTICLE III PURPOSE	ಕೃ. ರ
The purpose for which the corporation is organized is:) SECR
Professional Corporation	FIL PIE HAS
ARTICLE IV SHARES	18 MMI TARY OF ASSFE.F
The number of shares of stock is:	무를 다
500	ILED 18 MII: 35 ARY OF STATE ASSFE. FLORID
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional	ga s
The name(s), address(es) and title(s):	
Rosalind Williams, 130 Seabreeze Circle, K	issimmee, Florida 34744
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	sa
Rosalind Williams, 130 Seabreeze Circle, K	lissimmee, Florida 34744
,	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Total Control of the second of	
Rosalind Williams, 130 Seabreeze Circle, K	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

09/01/01

Date

09/01/01 Date