

POS000070759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

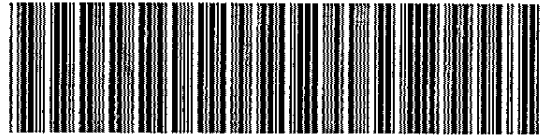
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 12 PM 3:21

J. Shivers MAY 13 2005

TRANSMITTAL LETTER

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

SUBJECT: OUTPOST HOSPITALITY 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MALCOLM WILLIAMS
Name (Printed or typed)

1057A UNIVERSAL RESORTS PLACE
Address

KISSIMMEE, FLORIDA 34744
City, State & Zip

407 - 791 - 6514
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

OUTPOST HOSPITALITY Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1057A UNIVERSAL RESORTS PLACE, KISSIMMEE, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE IS TO ENGAGE in ANY activities of BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

THIS CORPORATION IS AUTHORIZED TO ISSUE SHARES 500 (FIVE HUNDRED) CAPITAL STOCK, ALL IN ONE CLASS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MALCOLM WILLIAMS (PRESIDENT)
ROSALIND WILLIAMS (VICE-PRESIDENT, SECRETARY)

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MALCOLM WILLIAMS, 1056 UNIVERSAL RESORTS PLACE, KISSIMMEE, FLORIDA 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MALCOLM WILLIAMS, 1056 UNIVERSAL RESORT PLACE, KISSIMMEE, FLORIDA 34744

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

05.09.05

Date



Signature/Incorporator

05.09.05

Date