

P96000048197

TRANSMITTAL LETTER

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

700001847847  
-06/03/96--01036--008  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

SUBJECT: ALL Magic Vacation INC.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Bruce W. Ellsworth  
Name (printed or typed)

6443 Golden Nugget Dr  
Address

Orlando FL 32822  
City, State & Zip

407-275-7207  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 JUN -3 PM 12:16

FILED

BME  
6/6/96

~~1076-10761~~

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 21, 1996

BRUCE ELLSWORTH  
6443 GOLDEN NUGGET DRIVE  
ORLANDO, FL 32822

SUBJECT: ALL MAGIC VACATION  
Ref. Number: W96000010761

We have received your document for ALL MAGIC VACATION, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

The corporate name must be identical throughout the document.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 496A00025143

**ARTICLES OF INCORPORATION**

**FILED**

96 JUN -3 PM 12:16

SECRET  
DATE  
FLORIDA

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:

ALL Magic Vacations INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

6443 Golden Nugget Dr.  
Orlando FL 32822

**ARTICLE III SHARES**

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

1

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Bruce ELLsworth  
6443 Golden Nugget Dr  
Orlando FL 32822

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

Bruce W. Ellsworth  
6443 Golden Nugget Drive  
Orlando, FL 32822

Marilyn Ellsworth  
6443 Golden Nugget Drive  
Orlando, FL 32822

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of MAY, 19 96.

(An additional article must be added if an effective date is requested.)

Bruce Ellsworth (President)  
Signature

Marilyn Ellsworth (V.P.)  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**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.

1. The name of the corporation is:

Atl Magic Vacations, Inc

2. The name and address of the registered agent and office is:

Bruce Ellsworth  
(NAME)

6443 Golden Nugget Dr  
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

Orlando FL 32122  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Bruce Ellsworth  
(SIGNATURE)

5/17/96  
(DATE)