

FO000004087

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: A-1 VACATION RESALE UNLIMITED, INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOANNE EVVARD/SUE KEYSER
(Name of Person)

DREW & KEYSER ACCOUNTING
(Firm/Company)

833 LEOPARD TRAIL
(Address)

WINTER SPRINGS, FL 32708
(City/State/Zip)

FILED
JUL 21 1994
TALLAHASSEE, FL 32314

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*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

SUE KEYSER at (407) 699-8501
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 12, 2000

JOANNE EVVARD/SUE KEYSER
833 LEOPARD TRAIL
WINTER SPRINGS, FL

SUBJECT: A-1 VACATION RESALE UNLIMITED, INC.
Ref. Number: W00000017478

We have received your document for A-1 VACATION RESALE UNLIMITED, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is an additional page which consists of officers that was not enclosed with your application, please complete the enclosed for and return it at your earliest convenience.,

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 (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 700A00038365

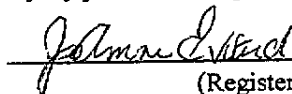
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. A-1 VACATION RESALE UNLIMITED, INCORPORATED
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW HAMPSHIRE 3. 04-3384792
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/20/97 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 77 COURT STREET, STE 1008, LACONIA, NH 03246-3634775
(Principal office address)
- b. SAME AS ABOVE
(Current mailing address)
8. TO BROADEN HER CLIENT BASE AND FAMILY MEMBERS RESIDE HERE.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: JOANNE EVVARD
- Office Address: 6747 CAPE HATTERAS WAY N.E.
ST. PETERSBERG, FL, Florida 33702
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JOANNE EVVARD

Address: 77 COURT STREET STE 1008
LACONIA, N.H. 03246

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOANNE EVVARD

Address: 77 COURT STREET STE 1008
LACONIA, N.H. 03246

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. JoAnne Evvard
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jo Anne Evvard
(Typed or printed name and capacity of person signing application)

State of New Hampshire

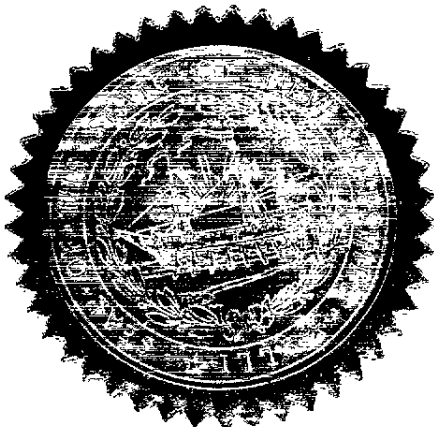
Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify A-1 VACATION RESALES UNLIMITED, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on AUGUST 20, 1997. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 22nd day of June, A.D. 2000


William M. Gardner
Secretary of State



FILED
00 JUL 21 PM 4:40
CLERK OF COURTS
SEAL