F03000006323

(Re	questor's Name)		
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·	
(Ad	dress)		
,	•		
<i>(7</i> >)	ty/State/Zip/Phone	- 40	
(CII	.y/State/Zip/Pflorit	5 n)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Dr	cument Number)		
(20			
		.	
Certified Copies	rtified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
·	_		

Office Use Only



000024632060

11/17/03--01058--021 **70.00

03 DEC 22 PM 2: 15

W03-35307

TRANSMITTAL LETTER

TO: Registration Sec Division of Con			
SURJECT. TOS	at Destination	ons Inc.	
	(Name of corporati	on - must include suffix)	
Dear Sir or Madam:	·		
The enclosed "Applicati "Certificate of Existence transact business in Flor	on by Foreign Corporation for ", and check are submitted to ida.	Authorization to Transact register the above reference	Business in Florida", d foreign e reporation to
Please return all correspond	ondence concerning this matte	r to the following:	
Willie B	oneg.		
	(Name o	f Person)	
ResortD	I aroiteviter	inc.	
	(Firm/Co	ompany)	· · · · · · · · · · · · · · · · · · ·
6857 W.	Colonial Dr.		
·	(Add	ress)	
Orlando			
	(City/State	and Zip code)	
For further information of	concerning this matter, please	call;	ALL
Willia Bo	nd 11 (407	, 445-007	22 F
(Name of Person	i) (Area	Code & Daytime Telephone	Number)
			LOS TA
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	T.
Division of Corporations 409 E. Gaines St.		Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399		Tellahassoc, FL 32314	
Enclosed is a check for the	ne following amount:		
\$70.00 Filing Fce	Certificate of Status	\$78.75 Filing Fee & C Certified Copy	S87.50 Filing Pec, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 25, 2003

WILLIE BOND RESORT DESTINATIONS INC. 6857 W. COLONIAL DR. ORLANDO, FL 32818

SUBJECT: RESORT DESTINATIONS, INC.

Ref. Number: W03000035307

We have received your document for RESORT DESTINATIONS, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6043.

Letter Number: 703A00063760

Joey Bryan Document Specialist D3 DEC 22 PA 2: 16

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	A STATE OF THE STA
	A STATE OF S
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	· • •
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	j /y 📞
2. Virginia 3. 51-0455624 (State or course) under the law of which it is incorporated) (FEI number, if applicable)	6
4. 2/20/03 5. 2/19/04 (Date of incorporation) [Duration: Year corp, will cease to exist or "perpetual")	(O)
(Date of incorporation) (Duration: Year corp, will cease to exist or "perpetual")	
6. 7/1/03	-
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualificatio 1,") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 6857 W. Colonial Dr. (Principal office address)	
orlando, FL 32818	
(Current mailing address)	
- to la 1. 2-10.0 times	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
O Name and street address of World's registered agent: (P.O. Roy or Mail Drop Roy NOT secontable)	
9. Name and atreet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Willia Bond	±
Name: Willie Bond Office Address: 4629 Eagle Peak Dr.	:
Name: Willie Bond Office Address: 4629 Eagle Peak Dr.	
Name: Willia Bond	:
Name: Willie Bond Office Address: 4629 Eagle Peak Dr.	
Name: Willie Bond Office Address: 4629 Eagle Peak Dr. Kissimmae, Fl., Florida 34746 (City) (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	
Name: Willie Bond Office Address: 4629 Eagle Peak Dr. Kissimmae, Fl., Florida 34746 (City) (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 acc in this ca, acity. I further agrae to comply with the provisions of all statutes relative to the proper and complete performance of my duties,	
Name: Willie Bond Office Address: 4629 Eagle Peak Dr. Kissimmae, Fl., Florida 34746 (City) (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 acc in this capacity. I	
Name: Willie Bond Office Address: 4629 Eagle Peak Dr. Kissimmae, Fl., Florida 34746 (City) (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 acc in this ca, acity. I further agrae to comply with the provisions of all statutes relative to the proper and complete performance of my duties,	
Name: Willie Bond Office Address: 4629 Eagle Peak Dr. Kissimmae, Fl., Florida 34746 (City) (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 acc in this ca, acity. I further agrae to comply with the provisions of all statutes relative to the proper and complete performance of my duties,	,

- 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		
Chairmen:		-
Address:		<u></u>
Vice Chairman:	<i>ن</i> ک <u>ہ :: حسب</u>	2
Address:	40,00 m	23 100
	1/4/2	2 %
Director:	- 4	Egg (2)
Address:		1000
		- Og
		. –
Director:		-
Address:		
		· ·
B. OFFICERS		
President: Willie Kond		-
Address: 4629 Fagle Peak Dr.		
kissimmee Fl	·	
Vice President: Coudice Bicknell		<u> </u>
Address: 104 Earl St.		
Norfolk, VA 23503		
Secretary:		
Address:		
Treasurer:		
Address:		-
And the state of t		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	(r directors	
13. Willie & Bel 2	· -	
(Signature of Director or Officer listed in number 12 of the application)		
14. Willie Bown Cec	<u> </u>	
(Typod or printed name and capacity of person signing application)		•



STATE CORPORATION COMMISSION

Richmond, February 20, 2003

This is to certify that the certificate of incorporation of

Resort Destinations, Inc.

was this day issued and admitted to record in this office and that the said corporation is authorized to transact its business subject to all Virginia laws applicable to the corporation and its business. Effective date: February 20, 2003



State Corporation Commission Attest: