

FD400000024116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

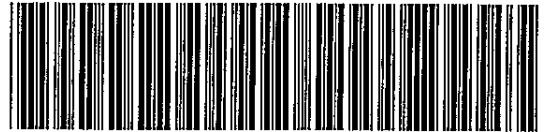
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB
5404

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vacation Services of America, Inc.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Heartsill Ragon III

(Name of Person)

Gill Elrod Ragon Owen & Sherman, P.A.

(Firm/Company)

425 West Capitol Avenue, Suite 3801

(Address)

Little Rock, AR 72201

(City/State and Zip Code)

For further information concerning this matter, please call:

Heartsill Ragon III

(Name of Person)

at (501) 376-3800
(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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Vacation Services of America, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Missouri 3. 80-0076644
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/11/2003 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. The corporation has not yet conducted affairs in Florida, but intends to within a few months.
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 3265 Falls Parkway, Suite M, Branson, MO 65616
(Principal office address)
3265 Falls Parkway, Suite M, Branson, MO 65616
(Current mailing address)

8. To act as a seller of travel and to conduct any other business not contrary to law.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C1 Corporation System

Office Address: 1200 S. Pine Island Road

Plantation
(City)

Florida 33324
(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.

Chris. Green

(Registered agent's signature)

M. S. Green

Asst. Secy.

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Denver Wood

Address: 457 Skyview Drive, Branson, MO 65616

Vice Chairman: Tom Wood

Address: 1726 Point Royale Drive, Branson, MO 65616

Director: Diana Simmons-Large

Address: 314 Grand Avenue, Branson, MO 65616

Director: _____

Address: _____

B. OFFICERS

President: Tom Wood

Address: 1726 Point Royale Drive, Branson, MO 65616

Vice President: Denver Wood

Address: 457 Skyview Drive, Branson, MO 65616

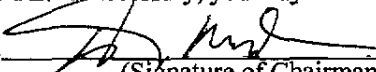
Secretary: Denver Wood

Address: 457 Skyview Drive, Branson, MO 65616

Treasurer: Denver Wood

Address: 457 Skyview Drive, Branson, MO 65616

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

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

14. Denver Wood, Chairman and Vice President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Matt Blunt
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

VACATION SERVICES OF AMERCIA, INC.
N00531986

was created under the laws of this State on the 11th day of July, 2003, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 19th day of April, 2004

Matt Blunt

Secretary of State

