

**F040000231330**

**Florida Department of State  
Division of Corporations  
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FLORIDA

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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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FLORIDA

## FOREIGN PROFIT QUALIFICATION

### Vacation Property Network, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Nov.18. 2004 1:07PM

No.2103

P.10/11

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# 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. Vacation Property Network, Inc.

(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. Delaware

(State or country under the law of which it is incorporated)

## 3. 20-1833314

(FEI number, if applicable)

## 4. 10/21/04

(Date of incorporation)

## 5. PERPETUAL

(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. 8046 Presidents Dr. Suite B, Orlando FL 32809

(Principal office address)

8046 Presidents Dr. Suite B, Orlando FL 32809

(Current mailing address)

## 8. Advertising.

(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 agents: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Liza Jurgel

Office Address: 8046 Presidents Dr. Suite B

Orlando

(City)

, Florida 32809

(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.

X

(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.

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

## A. DIRECTORS

Chairman: Liza JurgelAddress: 8046 Presidents Dr. Suite B, Orlando FL 32809

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Joseph RogowitzAddress: 8046 Presidents Dr. Suite B, Orlando FL 32809

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. X Liza Jurgel (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Liza Jurgel Liza Jurgel, DIRECTOR  
(Typed or printed name and capacity of person signing application)

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# Delaware

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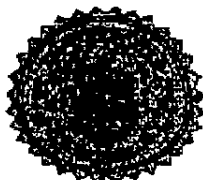
NOTARIAL PUBLIC  
STATE OF DELAWARE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VACATION PROPERTY NETWORK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VACATION PROPERTY NETWORK, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2004.

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*Harriet Smith Windsor*Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 3486581

DATE: 11-18-04

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