F0500002457

W-668W	1504-16	29(e)
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<i>#</i>)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		

Office Use Only

FNR \$17,50 due



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MD 300/18

FLORIDA DEPARTMENT OF STATE:

CONTACT PERSON: MELENA LEE

DAYTIME PHONE: 302-312-9408

ADDRESS FOR ACKNOWLEDGMENT TO BE RETURNED:

120 KENT PLACE NEWARK, DE 19702



April 20, 2005

MELENA LEE 120 KENT PLACE NEWARK, DE 19702

SUBJECT: PALMS VACATION HOMES, INC.

Ref. Number: W05000020016

We have received your document for PALMS VACATION HOMES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The filing fee for this Foreign Name Registration application is \$87.50, therefore, there is a balance due of \$17.50.,

Please return 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) 245-6967.

Letter Number: 705A00027217

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
Pa	Ims Vacation Homes loc
	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")
(If name unavaila	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Del	aware 3 76-0786928
(State or country t	under the law of which it is incorporated) (FEI number, if applicable)
4. Ur (Date	of incorporation) 5. <u>Fler DeTucial (Continuous)</u> (Duration: Year corp. will cease to exist or "perpetual")
MON	e (We will begin transacting busness by May 15, 2005)
6. <u>14074</u>	(Date first transacted business in Florida, if prior to registration)
ろ かろ	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) O. W. Faichan KS Ave. Suite 211 Winter A
7. <u>AUA</u>	(Principal office address) (Principal office address) FI. 32
120	Kent Place Newark DE 19702
	(Current mailing address)
· Dalms V	acetion Hours Inc. rents & Manages Droporties in Florid
	of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	MEITING LEE
Office Address:	2020 Fairbanks Ave Suite 211
Office Address.	Jan Las Day K
	(City), Florida 32789 (Zip code)
10. Registered ag	vent's accentance:
Having been name	ed as registered agent and to accept service of process for the above stated corporation at the place
further agree to co	application, I hereby accept the appointment as registered agent and agree to act in this capacity. I omply 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.
	$\mathcal{L}_{\mathcal{L}}$
_	Helle Il
	(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:		
Address:		
Vice Chairman:		· · · · · · · · · · · · · · · · · · ·
Address:		
·		
Director:		
Address:		4
		, हिस्सू
N		
Director:		
Address:		
resident: Neleva Address: 2020 M Winter F Vice President: Frank Address: 2020 W Winter F	Lee Fairbanks Ave., Suite Park, FL 32789 in Washington Fairbanks Ave., Suite 211 ark, FL 32789	211
ecretary:		
ddress:		2
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ddress:	with the second	The second of th
OTE: If necessary, you may a	tach an addendum to the application listing additional officers and/o	or directors.
4. (Signature	of Director or Officer listed in number 12 of the application) A Lee r printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALMS VACATION HOMES, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2005.



Darriet Smith Hindson Secretary of State

AUTHENTICATION: 3765026

DATE: 03-23-05

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