

**F15000003512**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Vistana Signature Experiences, Inc.**

Certificate of Status	0
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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. VISTANA SIGNATURE EXPERIENCES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"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)
2. Delaware 3. 47-4235905  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 10, 2015 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9002 SAN MARCO COURT, ORLANDO, FL 32819  
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, FL 33324, Florida \_\_\_\_\_  
(City) (Zip code)

**9. 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.*

C.T. Corporation System

By: 

Angel Nunez

Assistant Secretary

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED ADDENDUM

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: SEE ATTACHED ADDENDUM

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

12.

*Angela K. Halladay*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13.

Angela K. Halladay, Vice President & Secretary

(Typed or printed name and capacity of person signing application)

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**ADDENDUM**  
to  
**VISTANA SIGNATURE EXPERIENCES, INC.**  
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO**  
**TRANSACT BUSINESS IN FLORIDA**

11. Names and business addresses of officers and/or directors:	
<b>A. DIRECTORS</b>	
Director	JASON F. COHEN One Starpoint Stamford, CT 06902
Director	THOMAS B. MANGAS One Starpoint Stamford, CT 06902
Director	KENNETH S. SIEGEL One Starpoint Stamford, CT 06902
<b>B. OFFICERS</b>	
President, CEO	SERGIO D. RIVERA One Starpoint Stamford, CT 06902
Sr Vice President, COO	STEPHEN G. WILLIAMS 9002 San Marco Ct Orlando, FL 32819
Vice President, CFO	HEATHER MCGILL - 9002 San Marco Ct Orlando, FL 32819
Vice President, General Counsel	BARBARA E. OVERTON 9002 San Marco Ct Orlando, FL 32819
Vice President, Treasurer	LISA CASSIN 9002 San Marco Ct Orlando, FL 32819
Vice President, Secretary	ANGELA K. HALLADAY 9002 San Marco Ct Orlando, FL 32819
Vice President, Assistant Secretary	ROBIN L. SUAREZ 9002 San Marco Ct Orlando, FL 32819
Assistant Secretary	JASON F. COHEN One Starpoint Stamford, CT 06902
Assistant Secretary	KRISTEN W. PROHL One Starpoint Stamford, CT 06902
Assistant Treasurer	TIMOTHY C. FETTEN One Starpoint Stamford, CT 06902

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISTANA SIGNATURE EXPERIENCES, 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 SEVENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5760678 8300

151148466

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2627347

DATE: 08-07-15