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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fenix Vacations Corporation Name of corporation - must include suffix	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business i "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to reabove referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Renato Lógez Name of Person	
	<u> </u>
Fenix Vacations Corporation Firm/Company	
7410 Hastings St. Springfield VA. 22150	
Address	
Soingfield Virginia 22150 City/State and Zip code	
City/State and Zip code	
fenix vacations corp @ qmail. com E-mail address: (to be used for future annual report notification)	
E-mail address: Yto be used for future annual report notification)	
For further information concerning this matter, please call:	
Renato Lopez at (703) 582-3262. Name of Person Area Code Daytime Telephone Number	 er
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certif	Filing Fee, icate of Status & ied Copy



February 6, 2017

RENATO LOPEZ 7410 HASTINGS ST SPRINGFIELD, VA 22150

SUBJECT: FENIX VACATIONS CORPORATION

Ref. Number: W17000010645

We have received your document for FENIX VACATIONS CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

> r

Letter Number: 717A00002362

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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. Fenix Vacations Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") Fenix VC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Virginia 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 12/6/2016

(Date of incorporation)

(Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607 1502 F. 60 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 7410 Hastings St Springfield Virginia 22150 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Exclusive Villas Florida

110 California Blvd. off US27

Davenport., Florida 33897

(City) (Zip code) Name: Office Address: 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.

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Address: _____ Vice Chairman: Address: ___ Director: Renato VA. 22150 Director: Address: _____ **B. OFFICERS** President: Renato Springfield VA. 22150 Vice President: Address: ___ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

Renato Lopez

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That FENIX VACATIONS CORPORATION is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is December 6, 2016;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: February 14, 2017

Joel H. Peck, Clerk of the Commission

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