## 7700004323

1)	Requestor's Name)
( <i>F</i>	Address)
	Address)
V	(Walless)
(0	City/State/Zip/Phone #)
☐ PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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FILED
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alcosor of the control of

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 837418 4301677

AUTHORIZATION.

COST DIMITO .....

ORDER DATE: September 27, 2017

ORDER TIME : 3:21 PM

ORDER NO. : 837418-005

CUSTOMER NO: 4301677

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## FOREIGN FILINGS

NAME: ULTIMATE RESORT VACATIONS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## **COVER LETTER**

TO:	_	tration Se ion of Co	ection rporations				
our.			Resort Vacatio	ns Inc.			
SORI	ECT:		Na	ıme of corpora	tion - m	ust include suffix	
Dear S	Sir or M	adam:					
"Certi	ficate of	f Existend	e," or "Certif		Standing	" and check are sub	ct Business in Florida," omitted to register the
Please	return	all corres	pondence con	cerning this ma	atter to t	he following:	
Ruth S	Silva						
		-		Name	of Pers	on	
Morris	son Cohe	en LLP					
				Finn/0	Company	,	
909 Ti	hird Ave	nue - 27th	Floor				
	-			A	ddress		
New Y	ork, NY	' 10022					
			-	City/Sta	te and Z	ip code	
rsilva@	@morrise	oncohen.co					
			E-mail ad	dress: (to be us	ed for fi	iture annual report i	notification)
For fu	rther in	formation	concerning the	nis matter, plea	ise call:		
Ruth S	Silva			212	ī	35-8644	
	Name	e of Perso	<u></u>	at ( Area (	) _	Daytime Telep	hona Number
	Ivaille	c or reise	<i>,</i> 11	Aleav	Jode	Daytime Telep	none number
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		
Enclos	sed is a	check for	the following	gamount:			
□ \$70	0.00 Fil	ing Fee		Filing Fee & cate of Status		8.75 Filing Fee & rtified Copy	S87.50 Filing Fee, Certificate of Status &

## 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.

Ultimate Resort	Vacations Inc.			
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
Delaware		adopted for the purpose of transacting business in Florida) 82-2914977		
(State or country September 6, 20	y under the law of which it is incorporated)	(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	enue, Suite 1100, Miami, FL 33131	Florida, if prior to registration) 602, F.S., to determine penalty liability) all office address)  ing address, if different)		
	(- · · · · - · · · · · · · · · · · · · ·	", 王		
	(Current mailir	ng address, if different)		
8. Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee	32301 , Florida		
	(City)	(Zip code)		
designated in this further agree to c	ed as registered agent and to accept servi application, I hereby accept the appointr	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my f my position as registered agent.		
C	arnamica Sarvica Company	Roxanne Turner		
	orporation Service Company y:	Asst. Vice Presiden		
<u> </u>		agent's signature)		

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 Caroline van Scheltinga Chairman: 1111 Brickell Ave. Suite 1100 Address: Miami, FL 33131 Armando Pizzuti Vice Chairman: 1111 Brickell Ave. Suite 1100 Address: \_ Miami, FL 33131 Natasha Fernandez Director: 1111 Brickell Ave. Suite 1100 Address: Miami, FL 33131 **B. OFFICERS** Caroline van Scheltinga President: 1111 Brickell Ave. Suite 1100 Address: Miami, FL 33131 Armando Pizzuti Vice President: 1111 Brickell Ave. Suite 1100 Address: Miami, FL 33131 Michael L. Martell Secretary: 909 Third Avenue - 27th Floor Address: \_ Natasha Fernandez Treasurer: 1111 Brickell Ave. Suite 1100, Miami, FL 33131 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. 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. Michael L. Martell, Secretary



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ULTIMATE RESORT VACATIONS 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-SEVENTH DAY OF

SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTIMATE RESORT VACATIONS INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203301499

Date: 09-27-17