F18000000365

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke to Kimberly Green who gave Permission to use alternate name QV, Inc.

Office Use Only



100307908351

01/22/18--01022--012 **87.50

SECRETARY OF STATE
DIVISION OF CORPORATION

B FIGUEROA JAN 24 2018

COVER LETTER

то:	Registration Section Division of Corpora				
SHRI	Quality Vacation	ons, Inc.			
3010		Name of corporation	on - must include suffix		
Dear S	Sir or Madam:				
"Certi	ficate of Existence," o		or Authorization to Transac anding" and check are sub ness in Florida.		
	return all corresponderly Green	ence concerning this matt	er to the following:		
		Name o	f Person	· 	
Qualit	y Vacations, Inc.				
1690 (Cenith Drive	Firm/Co	mpany		
	<u>-</u> .	Add	ress		
North	Myrtle Beach, SC 29582				
		•	and Zip code		
kim_q	ualityvacations@msn.co				
	Е	-mail address: (to be used	for future annual report n	otification)	
For fu	rther information conc	erning this matter, pleaso	call:		
,		843	272-6480		
	Name of Person	at (Area Co	ode Daytime Telepl	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 f	ollowing amount:			
□ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

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.

QV, Inc.									
(If name unavailab	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flori								
South Carolina	58- 3.	58-2596622 3.							
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)							
(Date of	of incorporation) 5	5. (Date of duration, if other than perpetual)							
applying for Selle	er of Travel								
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,								
1690 Cenith Drive	North Myrtle Beach, SC 29582								
	(Principal o	ffice address)						
•	(Current mailing ac	ldress, if diff	erent)	₩ DIV					
				SION (
Name and street	address of Florida registered agent: (P.O. B	ox <u>NOT</u> ac	cceptable)	N 2					
Name:	Registered Agents Inc	·		2 F					
ffice Address:	3030 N. Rocky Point Drive STE150	rive STE150A		PH 4: 4					
	Tampa	. Florida	33607	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	(City)	_ , , , , , , , , , , , ,	(Zip code)						
. Registered age		_ , , , , , , , , , , , , , , , , , , ,	33607 (Zip code)						
laving been name	d as registered agent and to accept service of application, I hereby accept the appointmen								

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Kimberly Green Chairman: 1690 Cenith Drive Address: North Myrtle Beach, SC 29582 same as above Vice Chairman: same as above Director: Address: __ same as above Director: Address: _____ **B. OFFICERS** Kimberly Green President: 1690 Cenith Drive Address: North Myrtle Beach, SC 29582 same as above Vice President: Address: ___ same as above Secretary: Address: __ same as above Treasurer: Address: __ 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. Kimberly Green / Owner

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

QUALITY VACATIONS, INC.,

a corporation duly organized under the laws of the State of South Carolina on January 10th, 2001, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 9th day of January, 2018.

Mark Hammond, Secretary of State