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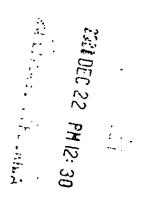
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US 19121

COVER LETTER

Division of Corporations			
SUBJECT: VACATIONS ON THE E	BEACH CORP		
	ne of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Stand	ling" and check are submit	ousiness in Florida," ted to register the
Please return all correspondence conce	rning this matter	to the following:	
Ken Lipner			:: 63
	Name of F	erson	
KVLSM LLP			: E
	Firm/Com	pany	- 22
415 Crossways Park Dr., Suite C	•	·	PH 12: 30
	Addres	SS	
Woodbury, NY 11797			30
	City/State an	d Zip code	
gwizard3@verizon.net			
E-mail addr	ess: (to be used fo	r future annual report notif	ication)
For further information concerning this	s matter, please ca	n;	
Gregory Schwenk	Person at (516) 680.7035 Area Code Daytime Telephone Number		
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on trations
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fi	DEPARTMENT O	_	S87.50 Filing Fec, 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.

NEW YORK	lable in Florida, enter alternate corporate name as				
(State or country under the law of which it is incorporated) (FEI number,			if applicable)		
MAY 19, 2014					
(Date	c of incorporation) 5	(Date of duration, if other	r than perpe	etual)	
•					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22. F.S., to determine penalty liab	ility) !	1633	
28 FIFTY ACRE RD. ST JAMES, NEW YORK, 11780			•	DEC	
	(Principal office	e street address)		22	
28 FIFTY ACRE	RD. ST JAMES, NEW YORK, 11780				
	(Current mailing	address, if different)		PII 12: 30	
. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	, mide	36	
Name:	Mark Schlaff		•		
ffice Address:	851 Three Islands Blvd. Unit 303	<u></u>	,		
	Hallandale Beach	, Florida 33309 (Zip code)			

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS GREGORY SCHWENK □ Chairman □ Chairman Name: 28 FIFTY ACRE RD. □Vice Chairman Address: □ Vice Chairman Address: ST JAMES, NEW YORK, 11780 □ Director □ Director President ☐ President □Vice President □ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer Other _____ Other ____ □Other _____ □Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: _____ □Vice Chairman Address: □ Director □ Director □ President □ President □Vice President □ Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer Other _____ Other ____ □Other _____ □Chairman Name: ☐ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □ Director Director □ President □ President ☐ Vice President □Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other _____ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. (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. **GREGORY SCHWENK**

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of VACATIONS ON THE BEACH CORP was filed on 05/19/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



2023 DEC 22 PM 12: 30

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of December two thousand and twenty.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State