

N220000012134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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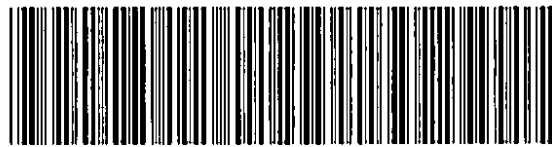
(Business Entity Name)

(Document Number)

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OCT 26 2022

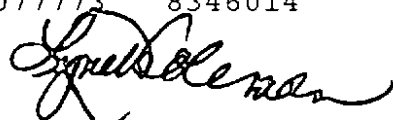
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 26 AM 10:32

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 077773 8346014

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : October 25, 2022

ORDER TIME : 9:15 AM

ORDER NO. : 077773-010

CUSTOMER NO: 8346014

DOMESTIC FILING

NAME: KINGSTOWN REEF NORTH
VACATION OWNERS ASSOCIATION,
INC.

EFFECTIVE DATE:

XX_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Elyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Kingstown Reef North Vacation Owners Association, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Amy Bornmann

Name (Printed or typed)

6277 Sea Harbor Drive

Address

Orlando, FL 32821

City, State & Zip

407-626-4469

Daytime Telephone number

amy.bornmann@wyn.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Kingstown Reef North Vacation Owners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12000 International Drive

Orlando, FL 32821

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management and maintenance of the timeshare project known
as Kingstown Reef North Vacation Ownership Plan.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Pursuant to the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joe Alkire, Director & President

Address: 6277 Sea Harbor Drive
Orlando, FL 32821

Name and Title: Melissa Colvin, Director & Vice Pres

Address: 6277 Sea Harbor Drive
Orlando, FL 32821

Name and Title: Shawn Losk, Director & Sec & Treas

Address: 6277 Sea Harbor Drive
Orlando, FL 32821

Name and Title: Amy Bornmann, Asst Secretary

Address: 6277 Sea Harbor Drive
Orlando, FL 32821

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY
DIVISION OF
OCT 26 AM 11:00
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1202 Hays Street
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 26 AM 10:52

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amy Bornmann c/o Wyndham Vacation Re
Address: 6277 Sea Harbor Drive
Orlando, FL 32821

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Eylina Baker

Assistant Vice President
Required Signature of Registered Agent

10/26/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Alan

Required Signature of Incorporator

10/25/2022

Date