Smilow Family Glatt Kosher Pesach Tour P.O. Box 403061 Miami Beach, FL 33140)369
		office Hep Only
		Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if)	KUOMU):
1 (Corporation Name)	(Document #)	
2(Corporation Name)	(Document #)	and the second
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3(Corporation Name)	(Document #)	-12/27/39-01105-010 +++++70.00 +++++70.00
(corporation)		
4(Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
	Photocopy	Certificate of Status
Mail out Will wait		EFFECTIVE DATE
NEW FILINGS	AMENDMENTS	<u></u>
Profit	Amendment	TAC
Not for Profit	Resignation of F	A., Officer/Director 99 stered Agent
Limited Liability	Dissolution/Wit	hdrawal
DomesticationOther	Merger	
OTHER FILINGS	REGISTRATION/	
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 Annual Report Fictitious Name 	Limited Partner	ship
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		Examiner's Initials

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11/15/1999 09:14 252-2875 MARK D. SMILOW

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ECTIVE DATE

ARTICLES OF INCORPORATION



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Smilow Family Vacations Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

P.O. Box 403061 Miami Beach, FL 33140

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

ARTICLE IV The name and Florida street address of the initial registered agent are:

The name and address of the incorporator to these Articles of Incorporation are:

P.O. Box 403061 Miani Beach, FL 33140

Har Stuart Smilow

12/15/99

12/15/99

Date

ARTICLE VI EFFECTIVE DATE The EFFECTIVE DATE of this Corporation should be January 1, 2000. (An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as degistered agent

Signature/Registered Agent