POOOOOO SAA

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

SUBJECT:	Kissimmee Vacat (Proposed corpor	ion Homes Mate name - must include suff	lanagement	I,Inc.
		ã	200003033 -01/11/00 *****87.50	01012001
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Name (Pi	rinted or typed)	SEE, FLORIDA	PH 12: 05
		Address F, Fl 34711 State & Zip	The second secon	and the second s
-	352 - 24 Daytime T	3-8669 elephone number	variation en .	17 - 17 - 17 - 19 - 19 - 25A単音

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

0/1/18

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:
Kissimmee Vacation Homes Management, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be
1632 Nectarine Trail
Clermont, Florida 34711
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 (One thousand)
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
line m. Holland
606 Brooke Ct
Clermont, Florida 34711
ARTICLE V INCORPORATOR
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
Tina M. Holland
hole Brooke Ct.
606 Brooke Ct. Clermont, Florida 34711
Sinoln. Waland 1660
Signature/Incorporator Date

(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 registered agent

Signature/Registered Agent

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