

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

SUBJECT: VACATION JURANCE PLAN, INC. (Proposed corporate name - must include suffix)					
		**	300003294 -06/19/00- ******78.75	16839 -01010016 ******78.75	
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 ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM:	VIRGINIA Name (Pr	inted or typed)			
105 Down Cr Address Ess 8					
WINDERMERS, FL 34786 AHASSET ASSET A					
	Daytime Te	lephone number		7. 0	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: VACATION INC.	SURANCE PLAN, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	Down G obermere, PL 34786
ARTICLE III PURPOSE The purpose for which the corporation is organized is: -10	PROVIDE VACATION SERVICES
ARTICLE IV SHARES The number of shares of stock is:	TALL'S ECR
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	OD JUN 16 AM 7: 06 SECRETARY OF STATI
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	VIRGINIA COWLE 105 DOWN CT WINDERMERE, FL 34786
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	William Cowies 105 Down GT WINDERMORE, RL 34786
**************************************	ve stated cornoration at the place decignated in this
certificate, I am familiar with and accept the appointment as registered agent an	d agree to act in this capacity
Signature/Registered Agent	6/14/00 Date
LOCA SEGMENT AREAST	Date
Signature Ancorporator	6/14/2cer
Digitality and other policies.	Date