

P0000060757

TRANSMITTAL LETTER

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

Subject Vacation Insurance Products, Inc.

Enclosed is an original and one (2) copy of the articles of incorporation and a check for

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$122.50
Filing Fee
& Certified Copy
(ADDT'L COPY REQ'D)

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
(ADDT'L COPY REQ'D)

FROM:	Ana Beatriz Higgins
	29395 Agoura Road, Suite 204 Agoura Hills, California 91301

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*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

S. Thompson JUN 22 2000

ARTICLES OF INCORPORATION
OF
Vacation Insurance Products, Inc.

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: Vacation Insurance Products, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7652 Ashley Park
Suite 306
Orlando, Florida 32835

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000 shares at \$.01 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Edwin H. McMullen, Sr.
7652 Ashley Park
Suite 306
Orlando, Florida 32835

ARTICLE V INCORPORATOR

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

Ana Beatriz Higgins
29395 Agoura Road, Suite 204
Agoura Hills, California 91301

Ana Beatriz Higgins

Ana Beatriz Higgins, Incorporator

June 7th, 2000

Date

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.

Edwin H. McMullen Sr.

Edwin H. McMullen, Sr., Registered Agent

June 9, 2000

Date

FILED
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STATE OF FLORIDA
TALLAHASSEE