POOODO FILED

TRANSMITTAL LETTER POWERS AND ON

00 AUG 16 AM 9:01

SEURLTARY OF STATE TALLAHASSEE, FLORIDA

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

			#****78.75
SUBJECT:	DS Vacations Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed is an ori	ginal and one(1) copy of the article	es of incorporation and a	check for:
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM	Isaiah Cummings Name (Printed or typed)		
	6811 NW 4th Street Address		
	Margate, FL City	33063, State & Zip	<u> </u>
	954-928-190 Daytime	9 Felephone number	 .

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

cles.)

ETICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME

The name of the corporation shall be:

LDS Vacations Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6811 NW 4th Street Margate, FL 33063

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: To provide vacations at the lowest price

ARTICLE IV

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Judith Sladden, President Isaiah Cummings, Vice President

ARTICLE VI REGISTERED AGENT

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

Isaiah Cummings 6811 NW 4th Street Margate, FL 33063

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

Judith Sladden 3275 Cocoplum Circle Coconut Creek, FL

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, Vain familiar with and accept the appointment as registered agent and agree to act in this capacity

nature/Incorporator

Judith

Date