

TRANSMITTAL LETTER

P000000090839

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

SUBJECT: Vaction Getaways, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003403284--3  
-09/26/00--01004--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Howard Kaplan  
Name (Printed or typed)

441 Wood Rose Lane  
Address

Altamonte Springs, FL 32714  
City, State & Zip

407-774-1588  
Daytime Telephone number

FILED  
00 SEP 25 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SeB  
9/26

# 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 GETAWAYS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

HOWARD KAPLAN  
441 WOOD ROSE LANE  
ALTAMONTE SPRINGS, FL 32714

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

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

HOWARD KAPLAN  
441 WOOD ROSE LANE  
ALTAMONTE SPRINGS, FL 32714

## ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

HOWARD KAPLAN  
441 WOOD ROSE LANE  
ALTAMONTE SPRINGS, FL 32714

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Howard Kaplan  
Signature/Registered Agent

Howard Kaplan  
Signature/Incorporator

9/19/00  
Date  
9/19/00  
Date

FILED  
00 SEP 25 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA