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

SUBJECT:	Millennium	TIMESHARES	, INC.		
<b>-</b>	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
<u> </u>	ADDITIONAL CO	PY REQUIRED			
FROM: ARLISA SA Name (Pri	inted or typed)	00038562: -03/16/01010 ******78.75 *	210 62-007 ****78.75		
JACKSONVIA City, S	ddress		•		
(904) 992 - A Daytime Te	<del>"</del>	OI MAR 16 SECRETAR TALLAHASS			
			ED		

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

2,100

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (9)	Profit)			
ADTICLE I MAME		• •	•	
ARTICLE I NAME  The name of the corporation shall be:	·		eto.	· . · ·
		i .	*	سياح دي
MillENNIUM TIMESHARES,	LNC.		·	
ARTICLE II PRINCIPAL OFFICE		,1-	···an. 0	
The principal place of business/mailing address is:	aparta en en en	- 2 TUT 1	西三	· · · · · · · · · · · · · · · · · · ·
3416 SAN JOSE Blud.	$\sigma$		是是	
JACKSONVILLE, FLORIDA 3220	<b>/</b>		555	y W
ARTICLE III PURPOSE			49.	ILED 16 PM 12: 20
The purpose for which the corporation is organized is:		÷	30	তি
ON-LINE MARKEHING/AdvERTISING		•	Action of the second of the se	20
ARTICLE IV SHARES				
The number of shares of stock is:				/
M500	*·			
ARTICLE V INITIAL OFFICERS DIRECTORS	(optional)		- , -	<del></del> .
The name(s) and address(es):				
MIKE KENT				
3416 SAN JOSE BIVE.				•
TACKSONVIllE, FLORIDA 32207				
,				
ARTICLE VI REGISTERED AGENT				
The name and Florida street address of the registered ager	nt is:			
MIKEKENT				
3416 SAN JOSE BIVA.				
JACKSONVILLE, FLORIDA 32201				
ARTICLE VII INCORPORATOR	er e	· ·	#= · · · · · · · · · · · · · · · · · · ·	
The name and address of the Incorporator is:				
Aplisa JACKSON				
629 DEEP RIVER PLACE	· · · · · · · · · · · · · · · · · · ·		·	
PACKSONVIIIE, MORIDA 32229	***********	* * * * * * * * * * * * * * * * * * *	****	****
Having been named as registered agent to accept service of process for	the above stated	corporation at t	he place design	
certificate, I am familiar with and accept the appointment as registered	agent and agree	to act in this cap	acity	,
11111.		. 7	-15-0	/.
Signature / Designation A gent	·	Date	, , - –	<u> </u>
Signature/Registered Agent		Date		
Kalisa Vachsen		3/15	107	_
Signature/Incorporator		Date	-	

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