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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

; (305) 634-3694 ; (305) 633-9696 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

VACATIONS' LAIR, INC.

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ARTICLES OF INCORPORATION

OF VACATIONS' LAIR, INC.

The undersigned incorporator has executed the following document for the purpose of forming a corporation under the Florida Business Corporation Act and hereby adopts the following Articles of Incorporation.

Article I- Corporate Name

The name of the corporation shall be:

VACATIONS' LAIR, INC.

Article II- Principal Office

The principal place of business and mailing address corporation is:

19976 NE 5TH COURT MIAMI, FL 33179

Article III- Shares

Unless modified by these Articles, this corporation shall have only one class of stock. The number of shares that this Corporation shall have authority to issue is:

One hundred (100) shares having a par value of one dollar(\$1.00) per share. The consideration to be paid for each stock shall be fixed by the Board of Directors.

Article IV- Business Purpose

To do, transact and perform, any and all forms of business and activities that can legally be performed and transacted in the State of Florida, the United States of America and any country in the world.

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Article V- Board of Directors

The corporation shall maintain a Board of Directors. The number of directors shall be as established by the BY LAWS of this corporation. The initial Board of Directors shall consist of two individuals, whose name and address are:

Nicolas Placide 19976 NE 5TH COURT MIAMI, FL 33179

Article VI- Incorporator

The name and address of the incorporator executing these articles of incorporation is:

Micolas Pracide 19976 NE 5TH COURT MIAMI, FL 33179

Article VII- Designation and Acceptance of Registered Agent

The name and address of the initial registered agent is:

Robert Roundtree 547 Northwest 9 Avenue Ft. Lauderdale, Florida 33311

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.

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SECRETARY OF STATE