

TRANSMITTAL LETTER

**PO1000091769**

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

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-09/17/01--01125--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Its Vacation, Inc.  
(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 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: Norma Hernandez  
Name (Printed or typed)  
40 Its Vacation, Inc.  
2441 NW 93<sup>rd</sup> Ave, Suite 107 B  
Address  
Miami, FL 33172  
City, State & Zip  
(305) 591-9494  
Daytime Telephone number

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

BB 9-17-01

FILED  
01 SEP 17 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned natural persons, hereby associate themselves with the intention of forming a corporation in accordance with the Florida Corporation Act, and hereby adopt the following articles of incorporation for such corporation:

### ARTICLE I      NAME

The name of the corporation shall be:

ITS Vacation, Inc.

### ARTICLE II      PURPOSE

The purpose for which the corporation is organized is:

To conduct business in the wholesale tour operator business.

### ARTICLE III      CAPITAL STOCK

The total number of shares of capital stock, which the corporation shall be authorized to issue, is 100 shares. Such shares shall be of a single class of common stock, and shall have a par value of One Dollar (\$1.00) per share.

### ARTICLE IV      CAPITALIZATION

The amount of capital with which the corporation will begin to conduct business in the wholesale tour operator business is not less than One Hundred Dollar (\$100.00).

### ARTICLE V      DURATION

The Corporation shall have perpetual existence.

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01 SEP 17 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI**      **PRINCIPAL OFFICE**

The initial street address of the corporation's principal office is:

2441 N.W. 93<sup>rd</sup> Avenue, Suite 107B  
Miami, Fl 33172

**ARTICLE VII**      **MANAGEMENT BY SHAREHOLDERS**

The corporation shall be a close corporation within the meaning of, and governed by, the Florida Close Corporation Act. The business of the corporation shall be managed by its shareholders pursuant to applicable Florida Statutes and its directors.

**ARTICLE VIII**      **SUBSCRIBERS**

The name and address of each person signing these articles of incorporation as a subscriber is:

Norma Hernandez	President	50%
2441 N.W. 93 <sup>rd</sup> Avenue, Suite 107B		
Miami, Fl 33172		

Dinorah Munoz	Vice President	50%
2441 N.W. 93 <sup>rd</sup> Avenue, Suite 107B		
Miami, Fl 33172		

**ARTICLE IX**      **DISSOLUTION**

The corporation may be dissolved at any time (1) by unanimous written consent of the shareholders: or (2) on the affirmative vote of the holders of at least two thirds of the outstanding shares of the corporation entitled to vote thereon. On dissolution, the corporate property and assets shall, after payment of all debts of the corporation, be distributed to the shareholders pro rate, each shareholder to participate in the distribution in direct proportion to the number of shares held by him.

**ARTICLE X**      **REGISTERED AGENT AND REGISTERED ADDRESS**

The name and address of the registered agent is as follows:

Dinorah Munoz  
2441 N.W. 93<sup>rd</sup> Avenue, Suite 107B  
Miami, Fl 33172

CERTIFICATE DESIGNATING PLACE OF BUSINESS OF DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT **ITS VACATION INC.** DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF **MIAMI**, STATE OF **FLORIDA**, HAS NAMED **ITS VACATION INC.** LOCATED AT **2441 N.W. 93RD AVE., SUITE 107B** IN THE CITY OF **MIAMI**, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE PROCESS WITHIN FLORIDA.

SIGNATURE *Norma Arnaud* (Corporate Officer)

TITLE PRESIDENT

DATE 9-9-01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE *D. Myers* (Resident Agent)

DATE 9-9-01

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01 SEP 17 12:43  
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TALLAHASSEE, FLORIDA