Florida Department of State

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

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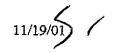
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FLORIDA PROFIT CORPORATION OR P.A.

Tradewinds Marketing Inc. Reduct Stecialists

| Certificate of Status | 1 |
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| Certified Copy | 0 |
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 20, 2001

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SUBJECT: TRADEWINDS MARKETING INC

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Tradewinds Resort Specialists Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Tradewinds Resort Specialists Inc.

6615 Hidden Beach Circle Orlando, FL 32819 OI NOV 20 AN II: 55
SECRETARY OF STATE

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Bruce Shanks 6615 Hidden Beach Circle Orlando, FL 32819

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Bruce Shanks 6615 Hidden Beach Circle Orlando, FL 32819

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of November 2001.

Bruce Shanks - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

(City / State / Zip)

(Date)

| 1. The name of the corpora | ation is: Tradewinds Resort Specialists Inc. | | |
|------------------------------|--|-------------|--|
| 2. The name and address of t | he registered agent and office is: | | |
| | Bruce Shanks | | |
| | Name | • | |
| | 6615 Hidden Beach Circle | _ | |
| | (P.O. Box or Mail Drop Box NOT Acceptable) | , 0 | |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered n agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Orlando, FL 32819

November 19th, 2001 Bruce Shank

SIGNATURE