

P02. 0.00057482 TRANSMITTAL LETTER

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



SUBJECT:	Naked Vacations Inc.			6 3	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	-	
Enclosed are an o	riginal and one (1) copy of the ar	ticles of incorporation an	d a check for:		
☐ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	David Moth				
	Name (Printed or typed) 2113 Silverleaf Court 20005599442				
		Address			
	Longwood, Florida 32779				
	City	, State & Zip			

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

Daytime Telephone number

407-962-4131

ARTICLES	OF	INCORP	ORA	TIOI	٧
----------	----	---------------	-----	------	---

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Naked Vacations Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2113 Silverleaf Court, Longwood, Florida 32779.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV SHARES

The number of shares of stock is:

The corporation is authorized to issue 500 shares of capital stock, all in one catagory.

one catagory. ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President: Mr. Alan Pilnick, 101 Weeping Elm Lane, Longwood Florida 32779.

CEO: Mr. David Moth, 2113 Silverleaf Court, Longwood Florida 32779._

ARTICLE VI REGISTERED AGENT

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

David Moth, 2113 Silverleaf Court, Longwood, Florida 32779.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Moth, 2113 Silverleaf Court, Longwood, Florida 32779.

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

Signature/Registered Agent

David Moth

Date

David M

5.1.02

5.1.02

Signature/Incorporator

David Moth

Date