

Division of Corporations

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PO 3000018011

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 673-0347
Fax Number : (305) 532-0738

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 FEB 14 AM 7:22

FLORIDA PROFIT CORPORATION OR P.A.

Vacation Services Orlando, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

F. 01-00-0000

FEB 17

H03 0000 52 86 43

ARTICLES OF INCORPORATION

In compliance with Chapter 807 and/or Chapter 821, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be :
Vacation Services Orlando, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address
1507 Black Bear Court
Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is formed is to engage in any activity
business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALJE \$.10

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is:

Director & President

Peter Lazzopina

1507 Black Bear Court

Winter Springs, Florida 32708

ARTICLE VI REGISTERED AGENT

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

Peter Lazzopina

1507 Black Bear Court

Winter Springs, Florida 32708

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PAGE 2 Vacation Services Orlando, Inc.

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

Peter Lazzopina

15017 Black Bear Court

Winter Springs, Florida 32708

Having been named as registered agent to accept service of process for the above 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.

Peter Lazzopina
Signature / Registered Agent

2/14/03
Date

Peter Lazzopina
Signature/Incorporator

2/14/03
Date

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