

PO3000085268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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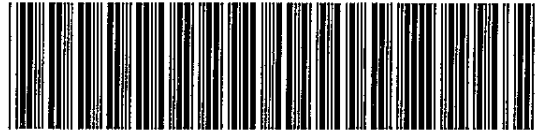
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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TRANSMITTAL LETTER

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

SUBJECT: Magical Memory Vacations, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: W. ROBERT WALDOFF
Name (Printed or typed)

P.O. Box 607147 / 7111 Fernside Court
Address

ORLANDO, FL 32860
City, State & Zip

407-948-1335
Daytime Telephone number
(640) 321-207-0375

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

ARTICLES OF INCORPORATION

Article I

The name of the corporation shall be:

Magical Memory Vacations Inc

Article II

The principal office shall be:

271 Live Oak Blvd, Casselberry, Florida 32707

Article III

The purpose of the corporation shall be:

Seller of vacations

Article IV

The number of shares for the corporation shall be:

One thousand (1000)

Article V

The initial officers and / or directors shall be:

Article VI

The registered agent and street address shall be:

**Deborah Waldorf
4438 Dunwoody Place
P.O. Box 607147
Orlando, Florida 32860**

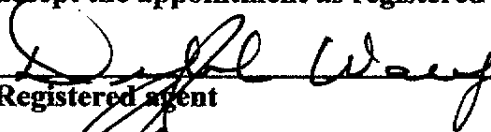
Article VII

The name and address of the incorporator shall be:


**W. Robert Waldorf
4438 Dunwoody Place
P.O. Box 607147
Orlando, Florida 32860**

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TALLAHASSEE, FLORIDA

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.


Registered agent

7/26/03
Date


Incorporator

7/26/2003
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA