10300012208/

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	••
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
32 5	
The order	
Office Use Only)



500023782925

10/15/03--01001--007 **78.75

03 OCT 27 AM 10: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:	FUNETIME (GETAWAY.	Twe
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	CASSEEBE City,		32860

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 17, 2003

ROBERT WALDORF P.O. BOX 181456 CASSELBERRY, FL 32860

SUBJECT: FUNTIME GETAWAY INC.

Ref. Number: W03000030263

We have received your document for FUNTIME GETAWAY INC.. However, the document has not been filed and is being returned for the following:

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 203A00056876

Division of Comparations D.O. DOV 6997 Well-based Election 20014

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	<u>.</u> 5.
The name of the corporation shall be:	SEC ALL
FUNTIME GETAWAY INC	FI SECRETAR ALLAHASS 03 OCT 27
ARTICLE II PRINCIPAL OFFICE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
The principal place of business/mailing address is:	
P.O. Box 181456_	ED OF STATE E. Florid AM 10: 48
CASSELSERRY, PL 32707	#8 8FF
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	1
TO CONDUCT BUSINESS / PRIFESSIONAL (DEPORATION
ARTICLE IV SHARES	a
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	,
List name(s), address(es) and specific title(s):	er Paper 77789
TODO WALDOUT 729 EXECUTIVE DR - WINTE	KIAM, 32101
List name(s), address(es) and specific title(s): TODD WALDOUF 729 EXECUTIVE DR - WINTE DEBORAN WALDOUF P-O-BOX 607147 OXLAN ROSERT WALDOUT P-O-BOX 607147 - OXLANDO APTICLE VIL PEGISTEPED AGENT	100, 32860
ROSERT WALDORF PO. DOX 607147-OULAND	7, AC 32060
AKTICAS VI KOGIĢTISKOD AGENT	المانية والمهارين
The name and Florida street address of the registered agent is:	FEE
KOBERT WALDORF	
271 LIVE DAR Boulevard	-
ARTICLE VII INCORPORATOR ASSELLEXICY, ME 3270	7
The <u>name and address</u> of the Incorporator is:	10 72 V/20
ROBERT WALDORF N-O-BOX 607147-ORLAN	upo re scool
The name and address of the Incorporator is: ROBERT WALDORF P-O-BOX 607147-ORLAN TODD WALDORF 729 GAECUTIVE DR-WINTER ***********************************	14xx, 32787
Having been named as registered agent to accept service of process for the above stated corporation at the	
certificate, I sim favilliar with and accept the appointment as registered agent and agree to act in this capacit	,
10/8/	2003
Signature/Registered Agent D	ate

Signature/Incorporator