

PO4000072405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

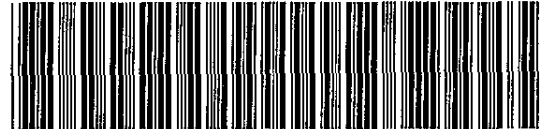
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kim Reed GAVE
AUTHORIZATION BY PHONE TO
CORRECT Act. IV Shares
DATE 5/14/04
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05/04/04 PM 2:49
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Assured 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: Kim Reed c/o Island Club West

Name (Printed or typed)

3100 Sand Mine Road

Address

Davenport, FL 33897

City, State & Zip

863-424-0909 ex:2007

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Assured Vacations, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3100 Sand Mine Road
Davenport FL 33897

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

sale of travel

ARTICLE IV SHARES

The number of shares of stock is:

one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

David Meadows P CEO
400 Saddleworth Place
Lake Mary FL32746

ARTICLE VI REGISTERED AGENT

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

Kim Reed
c/o Island Club West
3100 Sand Mine Road
Davenport FL 33897

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Meadows
400 Saddleworth Place
Lake Mary FL 32746

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

Kim Reed

Signature/Registered Agent

5/3/04
Date

David Meadows

Signature/Incorporator

5/3/04
Date

FILED

04 MAY -4 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA