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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

GetawayVacations Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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48/07/04

CAPITAL CONNECTION

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08/26 '04 12:18 NO.659 02/02

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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:

GetawayVacations Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4855 SW 84th WAY
Davie, FL 33314

ARTICLE III Purpose

The purpose for which the corporation is organized is:

Time Share Vacation Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Annabella Rep President
4855 SW 84th WAY
Davie, FL 33314

Gary M. Rep Vice President
4855 SW 84th WAY
Davie, FL 33314

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent:

Gary M. Rep
4855 SW 84th WAY
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Gary M. Rep
4855 SW 84th WAY
Davie, FL 33314

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 the capacity

Signature/Registered Agent

Signature/Registered Agent

Date

Date

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