

P04000137336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

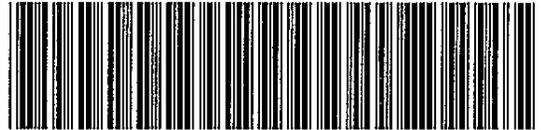
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/04/04--01005--024 \*\*78.75

FILED  
04 OCT -4 PM 2:02  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

RECEIVED  
04 OCT -4 PM 12:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

10-04-04  
10-04-04

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Real Vacations of USA, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in      Pick up time \_\_\_\_\_      Certified Copy  
 Mail out      Will wait      Photocopy      Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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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:

**REAL VACATIONS OF USA, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

5401 COLLINS AVE.  
CU-11  
MIAMI BEACH, FL. 33140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

500 SHARES

**ARTICLE V INITIAL OFFICERS/DIRECTORS**

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

**VIOLETA COHEN**  
"LA COSTA CONDOMINIUM"  
5333 COLLINS AVE. APT. 406  
MIAMI BEACH, FL. 33140  
PRESIDENT.

**ARTICLE VI REGISTERED AGENT**

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

**VIOLETA COHEN**  
"LA COSTA CONDOMINIUM"  
5333 COLLINS AVE. APT. 406  
MIAMI, FL. 33140

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**VIOLETA COHEN**  
"LA COSTA CONDOMINIUM"  
5333 COLLINS AVE. APT. 406  
MIAMI, FL. 33140

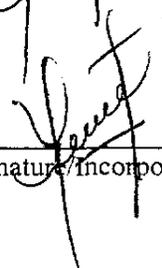
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 OCT -4 PM 2: 02

FILED

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

X  \_\_\_\_\_ 9/30/04  
Signature/Registered Agent Date

X  \_\_\_\_\_ 9/30/04  
Signature/Incorporator Date