

PO 4000-158725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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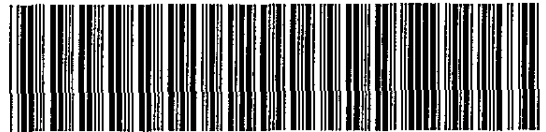
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/10/14  
AS

## TRANSMITTAL LETTER

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

SUBJECT: HOTELVEST 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: HOTELVEST INC

Name (Printed or typed)

P.O. Box 22242

Address

Lake Buena Vista FL 32830

City, State & Zip

407 351 1200

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 12, 2004

HOTELVEST INC  
P.O. BOX 22242  
LAKE BUENA VISTA, FL 32830

SUBJECT: HOTELVEST INC.  
Ref. Number: W04000041600

We have received your document for HOTELVEST INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6955.

Suzanne Hawkes  
Document Specialist  
New Filings Section

Letter Number: 704A00064694

## 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:

Hotelvest Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 22242, Lake Buena Vista FL 32830

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Sell, Manage, Purchase, Operate Real Estate and Operating Business.

### ARTICLE IV SHARES

The number of shares of stock is:

500

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ilias Maredia, P.O. Box 22242, Lake Buena Vista, FL 32830 President — 100% OWNER  
Latif Maredia P.O. Box 22242, Lake Buena Vista, FL 32830 Secretary

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ilias Maredia 7200, International Drive, Orlando FL 32819.

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ilias Maredia P.O. Box 22242, Lake Buena Vista FL 32830.

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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

Ilias Maredia  
Signature/Registered Agent

Ilias Maredia  
Signature/Incorporator

11/8/04  
Date

11/08/04  
Date

FILED  
04 NOV 17 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA