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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**5 STAR TRAVEL VACATION, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**  
**OF**  
**5 STAR TRAVEL VACATION, INC.**

The undersigned incorporators, for the purpose of forming a corporation under Florida General Corporation Act, hereby adopt the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**5 STAR TRAVEL VACATION, INC.**

The principal place of business of this corporation shall be:

5399 NW 36 Street  
Miami Springs, FL 33166

**ARTICLE II NATURE OF BUSINESS**

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared by: Shirlynn Cabaleiro  
5399 NW 36 Street  
Miami Springs, FL 33166  
Phone: 305 519-7313

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**ARTICLE V OFFICERS DIRECTORS**

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected, are:

Shirlynn Cabaleiro, President  
5399 NW 36 Street  
Miami Springs, FL 33166

**ARTICLE VI INCORPORATOR(S)**

The names and street addresses of the incorporators to these Articles of Incorporation are:

Shirlynn Cabaleiro, President  
5399 NW 36 Street  
Miami Springs, FL 33166

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 6<sup>th</sup> day of September, 2006.

Signature of Incorporators:

  
Shirlynn Cabaleiro, President

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.324, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

**5 STAR TRAVEL VACATION, INC.**

2. The name and address of the registered agent and office is:

Shirlynn Cabaleiro  
5399 NW 36 Street  
Miami Springs, FL 33166

SIGNATURE: 

Shirlynn Cabaleiro  
President

TITLE:

DATE:

September 6, 2006

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: 

Shirlynn Cabaleiro

DATE:

September 6, 2006

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