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| PICK-UP | ☐ WAIT | MAIL |
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| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|---------|--|
| Division of Corporations | | |
| SUBJECT: SUMMIT VACATION CORP. | | |
| DOCUMENT NUMBER: | | |
| • | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| | | |
| SUZANNE L TACKSON | | |
| Name of Contact Person) | | |
| | | |
| SUMMIT VACATION CORP (Firm/Company) | | |
| • | | |
| 324 KEY PALA ROAD (Address) | | |
| | | |
| BOCA RATION FL 3343Z (City/State and Zin Code) | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| To further information concerning this matter, please can. | | |
| | | |
| (Name of Contact Person) at (561) 373-3589 (Area Code & Daytime Telephone Number | er) | |
| (Name of Confact Leison) (Area Code & Daytine Telephone Number | <i></i> | |
| Enclosed is a check for the following amount: | | |
| \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & | | |
| Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy | | |
| enclosed) (Additional copy is | | |
| enclosed) | | |
| MAILING ADDRESS: STREET ADDRESS: | | |
| Amendment Section Amendment Section | | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | |
|---------|---|--|
| | SUMMIT VACATION CORP. | |
| SECOND: | The document number of the corporation (if known): Pois 000 (50099 | |
| THIRD: | The date dissolution was authorized: AUGUST 1, 2010 | |
| | Effective date of dissolution if applicable: PUGIST 1 2010 (no more than 90 days after dissolution file date) | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. | |
| | Dissolution was approved by the shareholders through voting groups. | |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: | |
| | The number of votes cast for dissolution was sufficient for approval by | |
| | (voting group) (voting group) (RDA | |
| | Signature: (By a director, president pr other officer - if directors or officers have not been selected, by an incorporator - if in the hands of receiver, trustee, or other court appointed fiduciary, by that fiduciary) | |
| | (Typed or printed name of person signing) | |
| | (Title of person signing) | |

Filing Fee: \$35