Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070000369863)))



H070000359863ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this

page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

golden eagle vacation, inc

Certificate of Status		0
Certified Copy	क्षा विशेष सम्मान्त्रम् स ्ह्य	1
Page Count		06
Estimated Charge	,	\$78.75

Electronic Filing Menn

Corporate Filing Menu

Help

EMPIRE

144 15:01 FAANAA 15:33 EEB-03-5004 IS:33

ARTICLES OF INCORPORATION OF GOLDEN EAGLE VACATION, INC.

The undersigned subscribers to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLEI

NAME

The name of this corporation is GOLDEN EAGLE VACATION, Inc.

ARTICLE II

GENERAL NATURE OF BUSINESS

SECRETARY OF STATE STALLAHASSEE, FLORIDGE

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a nominal or par value of One (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.00.

ARTICLE V

TERM OF EXISTENCE

This corporation is to exist perpetually.

HO7000036986

ARTICLE VI

ADDRESS

The initial office address of the principal office of this corporation in the State of Florida is 33770 Cedar Hammock Trl., Orlando, FL 34772. The Board of Directors may from time to time move the principal office to another address in Florida.

ARTICLE VII

DIRECTORS

This corporation shall have not less than one director; however, the number of directors may be increased or diminished from time to time by By-laws adopted by the stockholders, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS AND OFFICERS

The names and post office addresses of the members of the first Board of Directors and the initial corporate officers is:

Office

Name

Address

President/Secretary

Yomar Rodriguez

3770 Cedar Hammock Trl.
Orlando, Florida 34772

ARTICLE IX

AMENDMENTS

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders' meeting by two thirds of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation made.

ARTICLE X

REGISTERED OFFICE AND REGISTERED AGENT

That GOLDEN EAGLE VACATION, Inc., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the City of Orlando, County of Ozange, State of Florida, hereby designates Don Gonzalez, P.A., as

registered agent, to accept services within the State. The registered office of the corporation shall be 1820 N. Corp. Lakes Blvd. Ste #201, Weston, FL 33326.

AR	TICLE XI
INCO	RPORATOR
The name and street address of the incorpora	tor is:
NAME	ADDRESS
Don Gonzalez, Esq.	1820 N. Corp. Lakes Blvd., Suite 201 Weston, Florida 33326
WITNESS the hand and seal of the income day of February, 2007. Don G	orporator in Broward County, State of Florida, this conzalez, Esq.
STATE OF FLORIDA) S.S. COUNTY OF BROWARD)	
authorized to administer oaths and take acknown to me/who presented the following	lay personally appeared before me, an officer duly awledgments, that Don Gonzalez, who is personally identification, and who nowledged before me that he executed the same.
2007.	oward County, Florida this day of February JUANITA SIERRA
Vocata Genal E Notary Public	My Commission Expires

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48.091, Florida Statutes, the following is submitted:

FIRST: That GOLDEN EAGLE VACATION, Inc., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Orlando, State of Florida, has named Don Gonzalez, P.A. as its Agent to accept service of process within Florida.

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.

Date: February 52007

H07000036946

CERTIFICATE OF DESIGNATION REGISTERED OFFICE/REGISTERED AGENT

Pursuant to the provisions of Section 607.0501, 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 is GOLDEN EAGLE VACATION, Inc.
- 2. The name and address of the registered agent and office is:

Don Gonzalez, P.A. 1820 N. Corp. Lakes Bird., #201 Weston, FL 33326 (954) 598-0660

Date: February 5, 2007

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DON GONZALEZ

Date: February

FEB-9 AMII: 2 Cretary of Stat

H07000036986