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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**

**RESORTS VACATIONS NETWORK, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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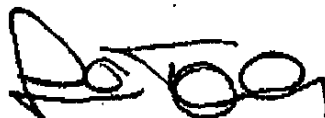
**Articles of Incorporation**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Article 1:** Name and Address of Corporation:**RESORTS VACATIONS NETWORK, INC.  
9425 SW 72<sup>ND</sup> STREET  
SUITE #263  
MIAMI, FL 33173****Article 2:** Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is 100 with \$1.00 par value.**Article 3:** Registered Agent Name and Office:**LUIS O. TORRES  
9425 SW 72<sup>ND</sup> STREET  
SUITE #263  
MIAMI, FL 33173**

\*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.



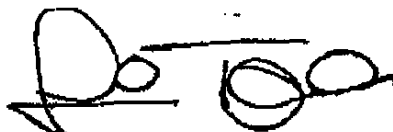
Signature of Registered Agent

**Article 4:** The Board of Directors is: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. LUIS O. TORRES, 9425 SW 72<sup>ND</sup> STREET, SUITE #263, MIAMI, FL 33173
- 2.
- 3.
- 4.

**Article 5:** Incorporator Name and Address:**LUIS O. TORRES  
9425 SW 72<sup>ND</sup> STREET  
SUITE #263  
MIAMI, FL 33173**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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