

P10000091982

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
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.

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TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 10/22/10

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
My Vacation Connection, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$70.00

FILED
2010 OCT 22 AM 9:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11/12/10

COVER LETTER

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

SUBJECT: My Vacation Connection, 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: Joe Lazar

Name (Printed or typed)

3 First Court

Address

Windermere, FL 34786

City, State & Zip

407.460.3677

Daytime Telephone number

Joe Lazar [aaafit4life@yahoo.com]

E-mail address: (to be used for future annual report notification)

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

FL
DEPT OF STATE
DIVISION OF CORPORATIONS
2010 OCT 22 AM 9:40



October 25, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MY VACATION CONNECTION, INC.
REF: W10000050111

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000231762
Letter Number: 810A00025158

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 OCT 22 AM 9:40

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

MY VACATION CONNECTION, INC.

2010 OCT 22 AM 9:40

ARTICLE II PRINCIPAL OFFICE

Principal street address

3 FIRST COURT

WINDERMERE, FL 34786

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISTRIBUTION OF TRAVEL CLUB MEMBERSHIPS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOE LAZAR, DIRECTOR

Address: 3 FIRST COURT
WINDERMERE, FL 34786

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: CT CORPORATION SYSTEM
Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOE LAZAR
Address: 3 FIRST COURT
WINDERMERE, FL 34786

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 agree to accept the duties of a registered agent and agree to act in this capacity.

Chris McNeal

Assistant Secretary

Required Signature of Registered Agent

10/22/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

10-22-10
Date