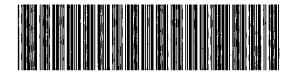
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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13 OCT 15 PM 12: 3:
SECRETARY OF STATE
TALL ANASSEF FLORIDA

MPJ16/13

COVER LETTER

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

SUBJECT: ELH Vacation Resorts, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Co
			& Certificate
			Status
		ADDITIONAL COPY REQUIRE	

P.O. Box 8172 Address Essex, Vermont 05451 City, State & Zip 802-238-1190 Daytime Telephone number	
Essex, Vermont 05451 City, State & Zip 802-238-1190	
City, State & Zip 802-238-1190	
802-238-1190	
Davtime Telephone number	
. Dayting Telephone named	

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

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

CII FD

	in compliance with Chapter 607 and/o	or Chapter 621, F.S. (Profit)	<u>-</u> - γ
ARTICLE I NAM The name of the corporat	ELH Vacation R	esorts, Inc. 13 OCT 15	5 PH 12: 3
	NCIPAL OFFICE	Mailing address, if a republished ELH Vacation Resorts	Y OF STAIR
	Principal street address	Mailing address, if different les	SEE, IL
299N Atlanti	c Ave	ELH Vacation Resorts	s, Inc.
Unit #303		P.O. Box 8172	
Cocoa Beac	ch, Fla. 32931	Essex, Vermont 05	451
ARTICLE III PURI The purpose for which the	POSE he corporation is organized is: Short-t	erm Vacation Home Re	ntals
			4.4.4
v			and the state of t

ARTICLE IV SHA The number of shares of	RES 1000		
· · ·	SIOCK IS:		
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTORS		
Name and Title	Erik L. Hedberg, President	Name and Title:	
Address	P.O. Box 8172	Address:	
	Essex, Vermont 05451	Annual demonstration of the control	

Name and Title:		Name and Title:	
Address		Address:	
	•		
•			
Name and Title:		Name and Title:	
Address		Address:	
		•	

			FILED
Name and	Title:	Name and Title:	13 OCT 15 PM 12: 35
Address		Address:	SECRETARY OF STATE
			TALLAHASSEE, FLORIDA
			
•			
ARTICLE VI	REGISTERED AGENT		ža.
the name and Fio	rida street address (P.O. Box NOT acceptable) of	ine registered agent	is:
Name:	Mary E. Trask		
Address:	2010 Matecumbe Key Rd.		
	Punta Gorda, Fla. 33955		
		•	
ARTICLE VII	INCORPORATOR		
The <u>name and add</u>	Iress of the Incorporator is:		
Name:	Erik L. Hedberg, President		
Address:	P.O. Box 8172	•	
1 2227 4001	Essex, Vermont 05451	•	
	Processing the second s	•	
Having been nam	ed as registered agent to accept service of process	for the above state	d corporation at the place designated in
this certificate, I a	m familiar with and accept the appointment as rep	gistered agent and a	gree to act in this capucity
Mo	Required Signature/Registered Agent		10/9//3
	Required Signature/Registered Agent		Bate
I submit this doci	ment and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware ti y as provided for in	hat the false information submitted in a s.817.155, F.S.
<u> </u>			10/4/13
_ cent	Regulited Signature/Incorporator		Date