

P14600050077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

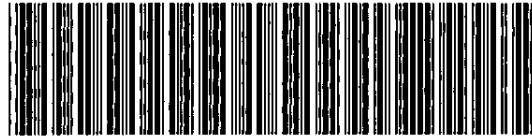
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900258364219

04/07/14--01016--004 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF STATE  
14 JUN -9 PM 5:00

W4-000022843  
ACE  
6/1/14

## COVER LETTER

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

SUBJECT: **VACATIONS305**

(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: **OTTO SANCHEZ**

Name (Printed or typed)

**2081 RENAISSANCE BLVD #103**

Address

**MIRAMAR, FL 33025**

City, State & Zip

**7863343841**

Daytime Telephone number

**OTTO840523@GMAIL.COM**

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

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

RECEIVED

14 JUN -9 PM 12:11

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2014

OTTO SANCHEZ  
2081 RENAISSANCE BLVD., #103  
MIRAMAR, FL 33025

SUBJECT: VACATIONS305  
Ref. Number: W14000022843

We have received your document for VACATIONS305 and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 614A00007700

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

**ARTICLE I    NAME**

The name of the corporation shall be: VACATIONS305, corporation

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2081 RENAISSANCE BLVD #103

MIRAMAR, FL 33025

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS

**ARTICLE IV    SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
STATE  
DIVISION OF CORPORATIONS  
14 JUN -9 PM 5:00

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: OTTO SANCHEZ  
Address: 2081 RENAISSANCE BLVD #103  
MIRAMAR, FL 33025

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:


Name: OTTO SANCHEZ  
Address: 2081 RENAISSANCE BLVD #103  
MIRAMAR, FL 33025

*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 accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
  
Required Signature/Registered Agent

06/04/2014  
\_\_\_\_\_  
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/Incorporator

06/04/2014  
\_\_\_\_\_  
Date