

P15000073910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

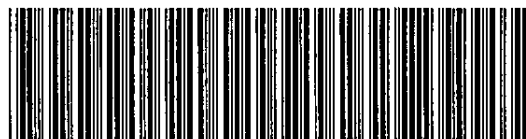
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

**SUBJECT:** VACATION OWNERSHIP ADVISORS, 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:** STEVEN COOPER

\_\_\_\_\_  
Name (Printed or typed)

3269 STURGEON BAY COURT

\_\_\_\_\_  
Address

NAPLES, FL 34120

\_\_\_\_\_  
City, State & Zip

239-398-3637

\_\_\_\_\_  
Daytime Telephone number

STEVEN@SJCFINANCE.COM

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

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

**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: VACATION OWNERSHIP ADVISORS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4001 SANTA BARBARA BLVD # 366

NAPLES, FL 34104

Mailing address, if different is

3269 STURGEON BAY COURT

NAPLES, FL 34120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A LEGAL & PROFESSIONAL VACATION ADVISOR

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JEREMY RUSSO, P

Address: 4420 N 19TH PLACE

PHOENIX, AZ 85016

Name and Title: MICHAEL CANTRELL, VP

Address: 7550 ROMERIA ST

CARLSBAD, CA 92009

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

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

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

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

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

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

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

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

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: STEVEN COOPER

Address: 3269 STURGEON BAY COURT

NAPLES, FL 34120

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**ARTICLE VII INCORPORATOR**

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

Name: STEVEN COOPER

Address: 3269 STURGEON BAY COURT

NAPLES, FL 34120

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

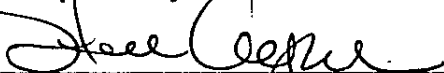


Required Signature/Registered Agent

08/26/2015

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

08/26/2015

Date