

P/5000074842

(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



000276591760

09/03/15--01006--014 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP -3 AM 11:26

EFFECTIVE DATE 09/01/15

2 09/15/15

COVER LETTER

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

SUBJECT: Exquisite Destination Vacation Homes 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: Juliann Howell
Name (Printed or typed)
30124 Jutland CT
Address
MT Dora FL32757
City, State & Zip
(407) 319-3429
Daytime Telephone number
renewedhopegh@yahoo.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: Exquisite Destination Vacation Homes inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2414 Willow Tree Lane

Same

Kissimmee FL 34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Short term vacation home rental

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juliann C Howell CEO

Name and Title: _____

Address 30124 Jutland CT

Address: _____

MT Dora FL32757

Name and Title: Andrew R Howell VP

Name and Title: _____

Address 335 Jacksonville CT

Address: _____

Kissimmee FL 34759

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP - 3 AM 11: 26

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: Juliann c Howell
Address: 30124 Jutland CT
MT Dora FL 32757

ARTICLE VII INCORPORATOR

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

Name: Andrew R Howell
Address: 335 Jacksonville CT
Kissimmee FL 34759

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP - 3 AM 11: 26

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/01/2015 (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

Juliann Howell
Required Signature/Registered Agent

09/1/15
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.

Andrew Howell
Required Signature/Incorporator

09/1/15
Date