

P19 0000 21072

(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:

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02/05/19--01008--011 \*\*105.00

2019 MAR -6 AM 8:46  
FALLS CHURCH, VA  
FALLS CHURCH, VA

W19 0000 14048  
IS. 3/15/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2019

DEBBIE ROCK  
147 BRENT CIRCLE  
OLDSMAR, FL 34677

SUBJECT: VACTIONGUARD, INC.  
Ref. Number: W19000014048

We have received your document for VACTIONGUARD, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 419A00003060

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** VacationGuard, Inc.

\_\_\_\_\_  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Debbie Rock

\_\_\_\_\_  
Contact Person

VacationGuard, Inc.

\_\_\_\_\_  
Firm/Company

147 Brent Circle

\_\_\_\_\_  
Address

Oldsmar, FL 34677

\_\_\_\_\_  
City, State and Zip Code

debbie@vacationguard.com

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

For further information concerning this matter, please call:

Debbie Rock

at ( 425 )

458-4984

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

VacationGuard, Inc.

- F12000009222

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Corporation

(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Washington

(Enter state, or if a non-U.S. entity, the name of the country)

on March 9, 2004

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

VacationGuard, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 02/01/2019

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

2019 MAR -6 AM 8:46  
TALLAHASSEE  
FLORIDA DEPARTMENT OF STATE

Signed this 31st day of January, 2019.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Deborah Rock

Printed Name: Deborah Rock Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Deborah Rock

Printed Name: Deborah Rock Title: President

Signature: B R

Printed Name: Brian Rock Title: VP

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**If others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**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: VacationGuard, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

147 Brent Circle

1060 Woodcock Rd Ste 128 #51708

Oldsmar, FL

34677

Orlando, Florida 32803-3607

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Insurance Broker

2019 MAR -6 AM 8:47  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
HILLSBOROUGH, FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Deborah Rock, President

Name and Title: Brian Rock, Vice President

Address: 147 Brent Cir

Address: 147 Brent Cir

Oldsmar, FL 34677

Oldsmar, FL 34677

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

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

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

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: Debbie Rock  
Address: 147 Brent Circle  
Oldsmar, FL 34677

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Debbie Rock  
Address: 147 Brent Circle  
Oldsmar, FL 34677

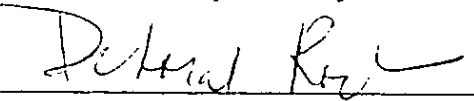
\*\*\*\*\*

*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

01/31/2019  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

01/31/2019  
Date