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To: Division of Corporations Fax Number : (850)517-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)\$52-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION **AVATAR VACATIONS INC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES O	F INCORPORATION with Chapter 607 (Profit)	SECTION AND SECTIO	<u></u>
ARTICLE I NAMI	I The name of the corporation is:	30	1 mm m
AVATAIZ	VACATIONS INC	A	
ARTICLE II	PRINCIPAL OFFICE:	<u> </u>	
	and mailing address is: An blvd Suttettion		
	25404		
ARTICLE IN SHARES: The num	ber of shares of stock is: 100		
ARTICLE IV INITIAL	DIRECTORS AND/OR OFFICERS:		
Emesto E (ARDI	lleo Perez (Director	$\overline{X}(P)$	
			
	ERED AGENT AND STREET ADDRES		
EMESTO & CARR	OBOX not acceptable) of the registered ager	nt is:	
5793 SW 84 AU			
MIAMI F1 3314	1	_	
	The name and address of the incorporator	– r ís:	
	rpalero Perez		
5793 SW 84 AN	e		
MIAMI FI 33149	3		

Required Signatures:

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

Registered Agent

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 5.817.155, E.S.

Incorporator

Date