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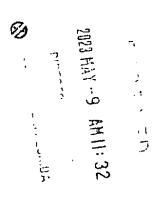
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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24. -3 Pt 2:56

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 728291 AUTHORIZATION : COST LIMIT : ORDER DATE: May 8, 2023 ORDER TIME : 10:44 AM ORDER NO. : 728291-005 CUSTOMER NO: 4813078 DOMESTIC FILING DISNEY VACATION CLUB SALES AND NAME: SERVICES, INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP _____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: Dis	ney Vacation Club Sales and Service	es, Inc.				
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	l a check for:			
□ \$70.0	0 🗆 \$78.75	□ \$78.75	□ \$87.50			
Filing Fo	ee Filing Fee & Certificate of Status	Filing Fee & Certified Copy	& Certificate of			
		ADDITIONAL CO	Status			
		ADDITIONAL CO	or i ki.Qoikisb			
	Catina Slade					
FROM:		e (Printed or typed)				
	500 South Buena Vista Street					
	Address					
	Burbank, CA 91521					
	City, State & Zip					
	(818) 560-1000					
	Daytime T	elephone number				
	Corp.Secretary@Disney.com					
-	E-mail address: (to be use	d for future annual report n	otification)			

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)

<u>LE II - PRI:</u>	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:		
5 Celebration Place, Suite 300		500 Buena Vista Street		
ebration, FL 34747		Burbank, CA 91521		
CLE III PUR irpose for which	POSE hathe corporation is organized is: Sales an	d servicing for va	cation/experiences	
			· · · · · · · · · · · · · · · · · · ·	
	<u>.</u>			
	RES 10,000 of stock is: IAL OFFICERS AND/OR DIRECTORS			
			0. 1 . 1	
Name and Ti	tle: William Diercksen, Director	Name and Title		
Name and Ti	William Diarekson, Director	Name and Title	Stephanie Young, Director 500 Buena Vista Street	
	tle: William Diercksen, Director		<u> </u>	
Address	William Diercksen, Director 500 Buena Vista Street Burbank, CA 91521	Address: 	500 Buena Vista Street Burbank, CA 91521	
Address Name and Tit	tle: William Diercksen, Director 500 Buena Vista Street	Address: Name and Title	500 Buena Vista Street	
Address	William Diercksen, Director 500 Buena Vista Street Burbank, CA 91521 Chakira H. Gavazzi, Director	Address: 	500 Buena Vista Street Burbank, CA 91521 John Stowell, Vice President	
Address Name and Tit Address	Chakira H. Gavazzi, Secretary	Address: Name and Title Address:	500 Buena Vista Street Burbank, CA 91521 John Stowell, Vice President 500 Buena Vista Street Burbank, CA 91521	
Address Name and Tit Address Name and Tit	Chakira H. Gavazzi, Secretary	Address: Name and Title Address: Name and Title	500 Buena Vista Street Burbank, CA 91521 John Stowell, Vice President 500 Buena Vista Street Burbank, CA 91521 Carlos A. Gomez, Treasurer	
Address Name and Tit Address	tle: William Diercksen, Director 500 Buena Vista Street Burbank, CA 91521 Chakira H. Gavazzi, Director 500 Buena Vista Street Burbank, CA 91521 Chakira H. Gavazzi, Secretary	Address: Name and Title Address:	500 Buena Vista Street Burbank, CA 91521 John Stowell, Vice President 500 Buena Vista Street Burbank, CA 91521 Carlos A. Gomez, Treasurer	

Name and Title		Michael Salama, Asst. Secretary	Name and Title	: Aaron H. So	lomon, Assi	t. Secre	etary
Address	500 Buena Vista Street	Address:	500 Buena \	/ista Street			
		Burbank, CA 91521		Burbank, CA 91521			
			_				
							_
ARTICLE VI		STERED AGENT					
		street address (P.O. Box NOT acceptable) poration Service Company	of the registered ago	ent is:			
Name:	 .	1 Hays Street					
Address:	• • • • • • • • • • • • • • • • • • • •	hahassee, FL 32301					
<u>ARTICLE VI</u>	I INCO	RPORATOR					
The name and	<u>l address</u> c	of the Incorporator is:					
Name:	<u>C</u>	hakira H. Gavazzi					
Address:	;	500 Buena Vista Street					
	Е	Burbank, CA 91521					
the document	's effective named as r	ed in this block does not meet the applicable date on the Department of State's record egistered agent to accept service of process with and accept the appointment as registered.	s. For the above state	d corporation a	t the place de		
cerngicure. ru	m jamanar		етей адет ата адт	te to act in this	05/09/202	3	
		Eylina Bahri Required Signature/Registered Agent		_	Da		
		and affirm that the facts stated herein a nent of State constitutes a third degree felo				submitt	ted in a
Chape	n A. A	hayy			5-8-2023		
Required Signature/Incorporator			Date				
						2023 ::	
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					<u>, .</u> .	\circ	



The WALT DISNEP Company

Office of the Corporate Secretary

May 8, 2023

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

RE: Disney Vacation Club Sales and Services, Inc.

Authorization to use name

To Whom It May Concern:

As Vice President, Governance Counsel and Assistant Secretary of The Walt Disney Company (the "Company"), I authorize and approve on behalf of the Company, Disney Vacation Club Sales and Services, Inc.'s request to use Disney in their entity name in the State of Florida.

If you have any questions, please don't hesitate to contact the Company's Corporate Secretary's office at Corp.Secretary@disnev.com.

Regards,

Chakira H. Gavazzi

Chaffin A. Savays

Vice President of Governance Administration & Assistant Secretary