P950000 29899

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

SUBJECT: Fute-continental Vacation Sensites, Fuc.
(Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$131.25 \$78.75 \$122.50 \$70.00 Filing Fee, Certified Copy & Certificate Filing Fee Filing Foo Filing Fee & Certified Copy & Cortificato **Additional Copy Required** Name (printed or typed) FROM: 日の日の日1453377218 104/11/95--01116--002 15に1乗を終78.75 *****78.75 407 / 397 - 22 4 8

Davtime Telephone number

AGGG-17

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





The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE | NAME

The name of the corporation shall be:

Futercontinental Vacation Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2934 Dickers Circle Kinsimmer, FL 34747

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 - No Pah

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Janes E. Crump 2934 Dicker Circle Vissimmer, FL 34747

ARTICLE V INCORPORATORIS)

The name(d) and street address(ed) of the incorporator(s) to these Articles of Incorporation is(are):

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

7-h day of April , 1995.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: Intercouring eura)	Vacarion
	Services, Fuc.	95 1741
2.	The name and address of the registered agent and office is:	RILED RILED
	James E. Crump (Name)	6. 6. 5.
	(P.O. Box or Mail Drop Box NOI acceptable)	
	Virginmer FL 3474	7

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 04/07/95 (Date)