# P9500033764

## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 \$:000001453723 -04/11/95--01116--901 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	KesorT	VACATIONS	INTERNATIONAL	INC.			
(Proposed corporate name - must include suffix)							

Enclosion:	sed is an origina	l and one (1) co	py of the articles of	incorporation	and a	chec	k
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required			
		-	,	·		95	
	FROM: DARIO ALVAREZ  Name (printed or typed)					APR 2	F
13329 LAVER LANE.						7.1	D
		Address			ç- ·	2	٠٠
	ORLANDO, F/A. 3282L Ciry, State & Zip						
		407-859-7818					
		Daytime Telephone number					

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

AG 5-1

M500008192 789,502,671



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 17, 1995

DARIO ALVAREZ 13329 LAVAR LANE ORLANDO, FL 32824

SUBJECT: RESORT VACATIONS INTERNATIONAL INC.

Ref. Number: W95000008192

We have received your document for RESORT VACATIONS INTERNATIONAL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return 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 (904) 487-6973.

AMANDA HERRING Document Specialist

Letter Number: 095A00017842





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 I NAME

The name of the corporation shall be:

Worldwide Resort Vacations, Inc.

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

P.O. Box 592204 Orlando, Fla 32809

#### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DARIO ALVAREZ. 13329 Laver June-Orfands, Fla- 32824

#### ARTICLE V INCORPORATOR(S)

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

DARIO ALVAREZ 13329 LAVER LANE. Orlando, Fla. 32824

Gladys Martinez 13329 Laver Lane Orlando, Fla. 32824

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

GH day of Gpril 1995.

Signature

Gades & hearting
Signature

Articles of Incorporation Filing Fee - \$35

Signature

# 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: Fesont Vacation	ns International.
Worldwide A	Resort Vacations. Inc
2. The name and address of the registered agent and office	
DARIO ALVAREZ	TALLAL.
(Name)	7 2 1
13329 LAVEZ LANE.	
(P.O. Box or Mail Drop Box NOT accept	otable)
Orlando, Fla. 32824	
(City/State/Zip)	
Having been named as registered agent and to accept serving above stated corporation at the place designated in this certifie appointment as registered agent and agree to act in this to comply with the provisions of all statutes relating to the properties of my duties, and I am familiar with and accept the tion as registered agent.    Signature   Signa	ice of process for the tificate, I hereby accept sapacity. I further agree proper and complete per explications of my posi-  (Date)