

# P96000023785

CORPORATE ACCESS, INC.  
1116-D THOMASVILLE RD  
TALLAHASSEE, FL 32303  
(904) 222-2660

Requestor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # Albin Da

1000001 7472341  
-03/18/96--010012--0005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. AFRICAN Vacation Society, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 3/18 ☒ ~~Return~~ Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

95 MAR 18 AM 10:17  
DIVISION OF CORPORATIONS

3/18/96

**CERTIFICATE OF INCORPORATION**

**-OF-**

**AFRICANA VACATION SOCIETY, INC.**

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a for profit corporation of the State of Florida, by and under the provisions of the Statutes of said State of Florida.

**ARTICLE I**

The name of this corporation shall be:

AFRICANA VACATION SOCIETY, INC.

**ARTICLE II**

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III**

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

**ARTICLE IV**

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

**ARTICLE V**

This corporation shall exist perpetually unless sooner dissolved according to law.

**ARTICLE VI**

The initial street address of the principal office of the corporation shall be:

8904 Mahogany Terrace  
Plantation, FL 33325

#### ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

#### ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this Corporation are as follows:

Nathan Hunter Nathan Hunter

Donna Wilson Donna Wilson

8904 Mahogany Terrace

8904 Mahogany Terrace

Plantation, FL 33325 Nathan Hunter

Plantation, FL 33325

#### ARTICLE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

Nathan Hunter \_\_\_\_\_

Donna Wilson Donna Wilson

8904 Mahogany Terrace

8904 Mahogany Terrace

Plantation, FL 33325

Plantation, FL 33325

#### ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, Nathan Hunter and Donna Wilson, both being natural persons, competent to contract, have hereunto set their hands and seals this 15th day of March, 1996.

Nathan Hunter  
Donna Wilson

STATE OF FLORIDA

COUNTY OF BROWARD

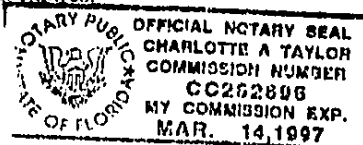
BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared Donna Wilson and Nathan Hunter to me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 16th day of March, 1996.

*Charlotte A. Taylor*  
Notary Public, State of Florida

My commission expires:

(Notary Seal)



CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

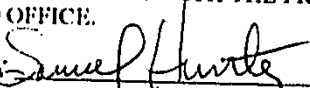
IN PURSUANCE OF CHAPTER 607.34 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED, IN COMPLIANCE WITH SAID ACT:

FIRST-THAT AFRICAN VACATION SOCIETY, INC. DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL OFFICE, AS INDICATED IN THE ARTICLES OF INCORPORATION AT CITY OF PLANTATION, COUNTY OF BROWARD, STATE OF FLORIDA, HAS NAMED SAMUEL HUNTER LOCATED AT 8204 MAHOGANY TERRACE, CITY OF PLANTATION, COUNTY OF BROWARD, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

BY



SIGNATURE  
REGISTERED AGENT

96 MAR 18 AM 10:39