Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Photocopy Will wait Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment **NonProfit** Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials



April 4, 1996

CHRISTINA KUENN 12727 115TH ST NORTH S'FE 1002 LARGO, FL 34648

SUBJECT: VACATION NANNIES, INC.

Ref. Number: W98000007264

We have received your document for VACATION NANNIES, INC. and check(s) totaling \$127.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 796A00015403

CERTIFICATE OF INCORPORATION

Vacation Names, The



THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to desprovisions of the Corporate Code, hereby certifies as follows:

FIRST IDENTIFICATION

The name of the corporation, hereinafter referred to as the "Corporation," is Vacation Nationed, Trick

SECOND PERIOD OF EXISTENCE

The period during which the corporation shall continue is perpetual.

THIRD

REGISTERED OFFICE AND REGISTERED AGENT
The address of the initial registered office of the Corporation is 12137 11541 St. N. SUACICO LAIGO FLAKOS and the name and address (if different) of the initial registered agent therein and in charge thereof, upon whom process against the
Corporation may be served, is Chilisting Kirch Jata 1890 St. N. Still C. 1003 Largo, Ft. 341418
I hereby an familiar with and accept the duties and responsibilities as registered agent for said corporation. Fourth & Planting A. Kulnuk
registered agent for said corporation. Fourth & Mulling U. Kulnuk
The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the

provisions of the General Corporation Law of Delaware.

FIFTH

SHARES The total authorized capital stock of the Corporation is One Housard five hundred Par Value of ______. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

SIXTH INCORPORATOR'S ADDRESS

The name and post office address of the Incorporator of the Corpor	ation is as follows
Christina A. Kueno	
12727 11545 St. N. Suite 1002	
Largo, FL 341418	
	

SEVENTH DIRECTORS

The powers of the incorporator are to terminate upon the filing of this Certificate of Incorporation and the name(s) and mailing addresses of persons who are to serve as director(s) until the first meeting of slockholders or until their successors are elected and qualify are as follows:

Chinistina A Kukiun 18.181 111510 St. N. Largo, Ft. 34k48 Yurt To. Kuenin 18787 111510 St. N. Largo, Ft. 34k48 William C. Archer 13300 87th Ave. N. Semunole, Ft. 34k46 Julia M. Archer 13300 87th Ave. N. Semunole, Ft. 34k46

EIGHTH INDEMNITY

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (3) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director derived an improper personal benefit.

The effective date of this Certificate of Incorporation shall be MOJCH 15, 1990	
IN WITNESS WHEREOF, the undersigned Incorporator has caused this Certificate of Incorporation to be executed as of	
march 15,1996	
Christina A. Kuenn (Incorporator)	

FORM II

INCORPORATOR'S CERTIFICATE

OF Mannes, Tixe.

1. Churchia A. Kuchu) the sole incorporate	no Vacation Nationes pro
<u>Stello 55</u> corporation formed in accordance with the laws action taken as follows:	
PIRST: I state that the Certificate of Incorporation of VCC(VICE) AVILLY	25,111C. , a true copy of which is
annexed to this statement, was filed with the Department of State of FRO ICA.	on 1) WC115 1960.
SECOND: The by-laws annexed to this statement have been adopted by me as the	by-laws of the Corporation.
THIRD: The following persons have been nominated and elected by me as directorable first annual meeting of shareholders and ontil their successors are elected and q	ors of the Corporation to hold office until
Ourishna A Kuerin - Aesident	
Kurt D. Kueron - Vice : President	
Julia M. Aicher - Secretary	型質 贤
William C. Archer-Treasurer	
	- 15 En
	_ 유명 5
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FOURTH: Thereby assign all my rights as incorporator of the Corporation to the a	415
The foregoing is established by my signature on this instrument at <u>Largo</u>	. Florida on this 15" day
or <u>March</u> , 1990.	
Chudya A. Kud (Incorporate	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

P9600032274

Mail this po	stoard to businesses	s and people wh	no send you mail.
Please s	end mail to new address b	eginning: 0530	94 Your
OLD Complete S	namo, first namo, middlo initial), Street Address or PO Box or Pural	North Route and RR Box	/502
City or Post Office		Stato	ZIP or ZIP+4 Code
City or Post Office	1-9113	ninole FL State	Apt./Suite # ZIP or ZIP+4 Code
NEW Triephone Account Aumber	Number (Optional)		Vall 0
Signaturu	CHILLET, KULT	Iday's I	Date: Month Day Year

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