1500 PHONE: (302) 575-0440 FAX: (302) 575-1346 (((H96000011092))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: VACATION SOLEIL INC. FAX AUDIT NUMBER: H96000011092 CURRENT STATUS: REQUESTED TIME REQUESTED: 13:09:38 CERTIFICATE OF STATUS: 0 DATE REQUESTED: 08/09/1996 CERTIFIED COPIES: 0 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 2 ESTIMATED CHARGE: \$70.00 ACCOUNT NUMBER: 076660001006 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be

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## ARTICLES OF INCORPORATION OF Vacation Solell Inc.

SECRETATE SECRET

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The undersigned natural person(s), of the age of 21 or more, acting to form a comparation under the corporate laws of the state of Florida do hereby certify the following:

FIRST: The name of the corporation shall be Vacation Soleii Inc..

SECOND: The address of the initial registered office of the corporation is 200 - A John Knex Road, Tallahassee FL 32303-6643, County of Leon. The name of the registered agent located at said address is Larry Wolfe.

THIRD: The principal address of the corporation is 3609 Devonswood Dr., Orlando, FL 32806

FOURTH: The purpose for which this corporation is organized shall be to engage in any tawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

FIFTH: The total authorized stock of this corporation is divided into 100 shares of no par value.

SIXTH: The number of directors constituting the initial board of directors is one, and the name(s) and address(es) who will serve as directors until the first annual meeting of shareholders or until their successors are as follows:

Marcello Hennessey 3609 Devonswod Dr., Orlando, FL 32806

SEVENTH: The duration of the corporation is perpetual.

BIGHT: This is Close Corporation.

NINTH: The name(s) and address(cs) of the persons who are to act as incorporator(s) are as follows:

Kimberty Andres c/o The Company Corporation 1313 N. Market Street, Wilmington DE 19601.

We (I), the undersigned, being all the incorporators of the corporation identified above, deciare that we have examined the foregoing this 9th day of August, 1996.

State of Delaware

County of New Castle

THE POREGOING instrument was acknowledged and swor; to peture me this 9th day of August,

1996 by Kimberly Andres. SUSAN M. GRIFFIN

Appointed October 6, 1994 Notary Public

Term 2 Years

This document was prepared by Kimberly Andres, 1313 N. Market Street, Suite 3410; Wilmington

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICLE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS MAY BE SERVED.

In compliance with Section 607.1507,	Plorida Statutes,	the following i	is submitted:	
First, this <u>Vacation Solel</u>	1 lnc		desiring to	0
organize under the laws of the state of Florid	a with its princip	al place of bu	iness located	in
the city of Orlando	, State of F	orida, has nam	ed Larry Wo	lfe
located at 200 - A John Knox Road, Taliahas	see FL 32303-6	i643 as its agen	it for service (	pf
process within Florida.				
Having been named to accept service the place designated in this Certificate, I her agree to comply with the provisions of all staperformance of my duties.	eby agree to act	in this capacity	, and I furthe	, at
	Dato	8/9/96	SECKETARY OF TALL HHASSEE, I	FILED
			PH 5: 22 FSTATE FLORIDA	0