

P96000071785  
TRANSMITTAL LETTER

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

000001932450  
08/27/96--01053--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: FLORIDAYS VACATION INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: JACQUELINE SHELTON  
Name (printed or typed)

60 MERGANSER LANE  
Address

KEY WEST, FL 33040  
City, State & Zip

305-296-7711  
Daytime Telephone number

FILED  
SEP 25 PM 3:24  
TALLAHASSEE, FLORIDA  
5/28/96

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

## ARTICLES OF INCORPORATION

*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:

FLORIDAYS VACATION INC.

### ARTICLE II PRINCIPAL OFFICE

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

60 MERGANSER LANE  
KEY WEST, FL 33040

### ARTICLE III SHARES

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JACQUELINE M. SHELTON  
60 MERGANSER LANE  
KEY WEST, FL 33040

FILED  
2018-05-25 PM 3:24  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
KEY WEST

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

JACQUELINE M. SHELTON  
60 MERGANSER LANE  
KEYWEST FL, 33040

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

12 th day of AUGUST, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: FLORIDAYS VACATION INC.

2. The name and address of the registered agent and office is:

JACQUELINE M. SHELTON  
(NAME)

60 MERGANSER LANE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

KEY WEST, FL. 33040  
(CITY/STATE/ZIP)

*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.*

*Jacqueline M. Shelton*  
(SIGNATURE)

August 12, 1996  
(DATE)

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**