

P96000090767

TRANSMITTAL LETTER FILED

96 OCT 30 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

800001982088--7  
-10/22/96--01020--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Roca Inc.  
(Proposed corporate name - must include suffix)

W96-22489  
502

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: Adis Roca  
Name (Printed or typed)

333 Whitethorn  
Address

Miami Springs FL 33166  
City, State & Zip

(305) 888-8559  
Daytime Telephone number

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

TH  
11-596



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 22, 1996

ADIS ROCA  
333 WHITETHORN  
MIAMI SPRINGS, FL 33166

SUBJECT: ROCA, INC.  
Ref. Number: W96000022489

We have received your document for ROCA, 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) 487-6927.

Kathy Hyman  
Document Specialist

Letter Number: 396A00048670

## 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:

Roca, Inc.  
VACATIONS

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TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

333 Whitethorn Dr.  
Miami Springs FL 33166

### 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:

ADIS ROCA  
333 Whitethorn Dr.  
MIAMI SPRINGS FL 33166

**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):

ADIS ROCA  
333 Whitethorn Dr.  
MIAMI Spring FL 33166

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

16th day of October, 19 96.

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

Adis Roca  
Signature

Adis Roca  
Signature

Adis Roca  
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:

VACATIONS  
Roca ↓ Inc.

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

ADIS ROCA  
(NAME)

333 Whitethorn Dr.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI Springs, FL 33166  
(CITY/STATE/ZIP)

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*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.*

Adis Roca  
(SIGNATURE)

10/16/96  
(DATE)