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97 NOV 19 AM 9: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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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

**1** \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED CORRECT SPLL OF PRONE TO NON 5 / 1997

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

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## ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the corporation shall be:
VACATION Paradise TRAVEL Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
176. West S.R. 434 Winter Springs Fl. 32708
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
75 Shares
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The same and Elevide street address of the first street and the street address of the street and the street address of the street and the street address of the street address o
2212 S. Chicasaw Drail Suite 123
22/2 S. Chicasaw Orail Suite 123 Oslando Fl. 32825 (John MARSHALL)
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are: Coeraldine Polare 176. West State Road 434
176. West State Road 434 Winter Springs FL. 32708
Geraldine Polcare 11-18-97
Signature/Incorporator  Date
(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent