P9800012667

TRANSMITTAL LETTER98 FEB -6 PM 12: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: RESORT INFORMATION DUSTEMS, INC.	
(Proposed corporate name - must include suffix)	
70002424087-02/06/9801113 *****131.25 *****15 Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	JUS -
\$70.00 \$78.75 Filing Fee & Certificate \$131.25 Filing Fee & Certified Copy & Certified Copy & Certificate ADDITIONAL COPY REQUIRED	
FROM: Erowind Hones Name (Printed or typed)	
Name (Printed or typed)	
7512 PACIFIC HEIGHTS CIRCLE	
Address	
Ochano. Fr 32835	
City, State & Zip	
City, State & Zip 407 - Z97. \$721 Paytime Telephone number Hall	

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida FEB -6 PM 12: 08

Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

RESORT INFORMATION STETEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

7512 PACIFIC HEIGHTS CIRCLE

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

APPROVED E. HONG: 7512 PROVED HEIGHTS CHECKE;

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

1512 PACIFIC HEIGHTS CIRCLE

CRIMIDO. FL 32836

Signature/Incorporator

Date 2, 4, 98

(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

9-30.47 WB

Date

2.4.98