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

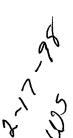
NOTE: Please provide the original and one copy of the articles.

ORLANDO, FL 32825

407-658-9213

City, State & Zip

Daytime Telephone number



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:

COASTAL HOLIDAY ENTERPRISES, INC.

SECRETARY OF STATENS ON OF CORPORATIONS 98 FEB 16 AM 11:52

ARTICLE II PRINCIPAL OFFICE

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

8531 PEPPERCORN DRIVE ORLANDO, FL 32825

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:

VICKY GALLAS 8531 PEPPERCORN DRIVE ORLANDO, FL 32825

ARTICLE V INCORPORATOR(S)

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

VickY Gallas 8531 PEPPERCORN DRIVE Orlando, FL 32825

| The und | lersigned in | corporator(s) has(have) executed these Articles of Incorporation this |
|---------|--------------|---|
| | 12 | day of, FEBRUARY, 1998 |
| , | 4.3 | Villy L. Gallas Signature |
| | | Signature |
| | | Signature |

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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. 7 | The name of the c | orporation is:_ | COASTAL | HOLIDAY | ENTERPRISES | , INC. | |
|------|-------------------|------------------|--------------------|-------------|-------------|---|---------|
| | | | | | | | |
| | | • | | | | | |
| 7 | The name and add | Iress of the rea | nistered an | ent and off | ice is: | | |
| | me name and add | | gistored ag | | | | - |
| | | . V] | CK Y GALI | LAS | | മ | NISE |
| | <u> </u> | * | (Name) | | | 98 F L B | E CA |
| | | 85 | 531 PEPPE | ERCORN DI | RIVE | | |
| | | (P.O | . Box <u>not</u> a | cceptable) | | | n COR |
| | | OF | RLANDO, E | FL 32825 | | = | POR |
| | | | (City/State/ | Zip) | | · | AMII:53 |
| | | • | | 1 | | | 33 0 |

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.

Villy J. Gallas (Signature)