P980003863

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

900002479329--2 -04/06/98--01021--012 ****131,25 *****131,25

& Certificate

ADDITIONAL COPY REQUIRED

SUBJECT: FLORIDA VACATION SERVICES, 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 \$78.75 \$\text{S131.25}\$

Filing Fee & Certificate & Certified Copy Certified Copy}

FROM: ROCIO URIGUEN DIMAS PADILLA
Name (Printed or typed)

P.O. BOX 690536
Address

ORLANDO, FL 32869-0536

City, State & Zip

407 - 299 - 7373 305 - 937 - 1872

Daytime Telephone number

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

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ARTICLES OF INCORPORATION

The undersigned incorporator,	for the purpose of forming	a corporation under the Florid	da
Business Corporation Act, her	eby adopts the following Art	ticles of Incorporation.	

AR7	CICLE I	<u>NAME</u>

The name of the corporation shall be:

FLORIDA VACATION SERVICES, Inc.



ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 690536 ORLANDO, FL 32869-0536

ARTICLE III SHARES

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

One Thousand - (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

19200 TE 25th Ave. #-323 AVENTURA, FL 33180

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: DIMAS PADILLA

P.O. BOX 690536

MARTIN ROBISON ELIZABETH ROBISON

ORLANDO, FL 32869-0536

(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