# P9800069369

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

SUBJECT:	EPOCH VACA	TEUN SUITES	ZN(.	
SUBJECT:	(Proposed corpo	rate name - must include su	ffix)	<del></del>
Enclosed is an original	and one(1) copy of the article			721—-3 )1040002 *****78.75
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	Signature \$131.25 Filing Fee, Certified Copy & Certificate  PY REQUIRED	
FROM:	5650 RAYSEDE A OPLCANDO City, 5 407-446	inted or typed)  LON. Address  FL 32819  State & Zip	SEGNETARY OF STATE TAILLAHASSEE. FLORIBA	

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

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:

EPOCH VACATION SUITES INC.

# ARTICLE II PRINCIPAL OFFICE

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

5650 BAYSINE DA. SUZTE 500 ORLANDO FL 32819

### ARTICLE III <u>SHARES</u>

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

100 SHANZS

## <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

PAUL KIANG

5650 BAYSTOE DN. SUZTE 500 ORLANDO FL 32819

# ARTICLE V INCORPORATOR

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

PAUL KIANG 5650 BAYSIOZ DN. SUZZZ 500 ORLGNOO ZL 32818

Signature/Incorporator

6- 9-98

(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