

98 SEP 14 AM 10:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Examiner's Initials

3406 W. VINE ST	REET, KISSIMMEE, FL. 34741	Office Use Only
		MBER(S), (if known):
1	ation Name) (Decation Name) (Decation Name) (Decation Name)	Document #) Document #) Document #)
(Corpor	ation Name) (L	Document #)
	Pick up time Will wait Photocopy	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	9000026384694
NonProfit	Resignation of R.A., Officer/Dir	****122.50 ****122.50
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS Annual Report	REGISTRATION/	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	Roma
-	Reinstatement	SEP 1 8 1998
	Trademark	p. Hall
	Other	(5)

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: CELEBRATION VACATION HOMES, INC.

SECOND

The period of its duration is: perpetually unless dissolved according to Florida law.

THIRD

The purpose of the corporation is: to engage in any activities or business permitted under the laws of the United States and the State of Florida.

FOURTH

The aggregate number of authorized shares is: one hundred thousand shares (100,000) of one dollar (\$1.00) par value common

stock, which shall be designated "Common Shares".

FIFTH

The address of the initial registered office of the corporation is: 4627 Eaglet Lane, Kissimmee, FL 34746, and the name of its initial registered agent at such address is: Efrain Pineda.

SIXTH

Address of the principal place of business is: 4627 Eaglet Lane, Kissimmee, FL 34746.

SEVENTH

The number of directors constituting the initial board of directors of the corporation is two (2), and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

Name Address

Efrain Pineda 4627 Eaglet Lane, Kissimmee, FL 34746

Henry Colmenares 4627 Eaglet Lane, Kissimmee, FL 34746

EIGHTH

The name and address of each incorporator is:

Name

Address

Efrain Pineda

4627 Eaglet Lane, Kissimmee, FL 34746

Henry Colmenares

4627 Eaglet Lane, Kissimmee, FL 34746

STATE OF FLORIDA

COUNTY OF OSCEOLA

Before me, a NOTARY PUBLIC authorized to take acknowledgments in the State and County set forth above, personally appeared:

known to me and known to be the persons who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the forms of identification of the above named persons as indicated opposite each name, and that oath (was) (was not) taken.

> Witness my hand and official seal in the County and State last aforesaid this 10 TH day of SEPTEMBER 1998.

JOAN A. COPPEDGE COMMISSION # CC 698569 EXPIRES APR 4, 2002 BONDED THRU ATLANTIC BONDING CO., INC. fran a Coppedge Notary Rublico My Commission Exprises april 4, 2002

FICTITIOUS OR ASSUMED NAME CERTIFICATE BY A CORPORATION LED

CERTIFICATE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

The following is hereby certified:

- 1. Business is, or will be, transacted at: 4627 Eaglet Lane, Kissimmee, FL 34746, under the ficticious name of Celebration Vacation Homes, Inc. by Celebration Vacation Homes, Inc., a corporation incorporated under the laws of Florida, and authorized to transact business in the State of Florida, with its main office located at: 4627 Eaglet Lane, Kissimmee, FL 34746.
- 2. The nature of the business is: Short term vacation rental.
- 3. The corporation is the sole owner of the business and no other corporation or entity is interested in the conduct of said business.

Date: September 10, 1998

STATE OF Florida COUNTY OF Osceola

On September 10, 1998 before me, Joan A. Coppedge, a Notary Public, personally appeared Efrain Pineda, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Joan a Coppedge notary Rublie