

TRANSMITTAL LETTER

9900015000

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

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02/15/99--01081--010
*****78.75 *****78.75

SUBJECT: CORPORATE WHOLESALE VACATIONS, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

RECEIVED
TALLAHASSEE, FL
02/15/99 11:55

FILED

FROM: JAMES T. GRAHAM
Name (Printed or typed)

460 AMETHYST WY
Address

EK. Mary FL 32746
City, State & Zip

(407) 592 6105
Daytime Telephone number

2/16

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:

CORPORATE WHOLESALZ VACATIONS,

ARTICLE II PRINCIPAL OFFICE

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

2636 STATE ROAD 434
SUITE 108
LONGWOOD, FL. 32779

ARTICLE III SHARES

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

1,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAMES T. GRAHAM 460 AMETHYST WY.
LK. MARY FLA. 32746

ARTICLE V INCORPORATOR

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

JAMES T. GRAHAM 460 AMETHYST WY.
LK. MARY FLA. 32746

James T. Graham
Signature/Incorporator

2/2/99
Date

(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

James T. Graham
Signature/Registered Agent

2/2/99
Date

FILED
99 FEB 15 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA