

P990000046913

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hospitality Network  
Services, Inc

100002884131--9

-05/24/99--01071--007

\*\*\*\*\*70.00 \*\*\*\*\*70.00

RECEIVED

99 MAY 24 AM 11:55

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Signature \_\_\_\_\_

Requested by: ay

Name \_\_\_\_\_

Date 5/24

Time 10:25

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_ Cert. Copy \_\_\_\_\_

☒ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_

FILED  
99 MAY 24 PM 2:26  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ay  
5/24

**ARTICLES OF INCORPORATION**  
**OF**  
**HOSPITALITY NETWORK SERVICES, INC.**

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATION NAME**

The name of the corporation shall be:  
**HOSPITALITY NETWORK SERVICES, INC.**

**ARTICLE II - PURPOSE**

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

**ARTICLE III - CAPITAL STOCK**

This corporation is authorized to issue FIVE HUNDRED shares (500) of "No Par Value" (\$0.00) Common Stock, which shall be designated "Common Shares."

**ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT**

The principal office, if known, or the mailing address of the corporation is:

10605 CRESCENDO LOOP  
CLERMONT, FLORIDA 34711

The name and street address of the Initial Registered Agent of this corporation is:

NELSON SILVA  
10605 CRESCENDO LOOP  
CLERMONT, FLORIDA 34711

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time-to-time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NELSON SILVA  
10605 CRESCENDO LOOP  
CLERMONT, FLORIDA 34711

**ARTICLE VI - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE VII - INCORPORATOR(S)**

The names and addresses of the incorporator(s) signing these Articles of Incorporation are as follows:

NELSON SILVA  
10605 CRESCENDO LOOP  
CLERMONT, FLORIDA 34711

**IN WITNESS WHEREOF**, the undersigned subscriber(s) have executed these Articles of Incorporation this 20TH Day of March, 1999.

x Nelson Silva

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:

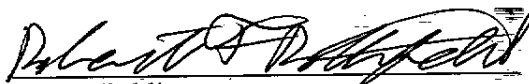
x Nelson Silva  
Signature

KNOWN TO ME  
Form of Identification

known to me and known to be the person who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed these Articles of Incorporation, that I relied upon the form(s) of identification of the above named person(s) as indicated opposite each name.

WITNESS my hand and official seal this 20TH Day of March, 1999.

(SEAL)



Notary Public  
State of FLORIDA



ROBERT F ROTHFELD  
My Commission CC537883  
Expires Apr. 22, 2000

My Commission Expires:  
April 22, 2000

**DESIGNATION OF AND ACCEPTANCE  
BY REGISTERED AGENT**

The following is submitted in compliance with the laws of the State of Florida. HOSPITALITY NETWORK SERVICES, INC., a corporation organizing under the laws of the State of Florida, with its principal office located at:

10605 CRESCENDO LOOP  
CLERMONT, FLORIDA 34711

has named NELSON SILVA, whose address is:

10605 CRESCENDO LOOP  
CLERMONT, FLORIDA 34711

as its Agent to accept service of process within this State.

**ACCEPTANCE:**

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

Registered Agent:

*x Nelson Silva*

STATE OF FLORIDA

COUNTY OF OSCEOLA

BEFORE ME, the undersigned authority, this day personally appeared NELSON SILVA, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that he has executed the same for the purposes expressed herein.

WITNESS my hand and official seal this 20TH Day of March, 1999.

(SEAL)



ROBERT F ROTHFELD  
My Commission CC537883  
Expires Apr. 22, 2000

*Robert F. Rothfeld*  
Notary Public  
State of FLORIDA  
My Commission Expires:  
April 22, 2000

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CLERK OF STATE  
TALLAHASSEE, FLORIDA