P99000050274

TRANSMITTAL LETTER

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

100002864001--8
-05/05/99--01085--018
****131.25 *****87.50

SUBJECT: Central 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 Filing Fee	☐ $78.75 Filing Fee & Certificate	☒ $122.50 Filing Fee & Certified Copy	☒ $131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Janet Gegelka
Name (Printed or typed)

3501 W. Vine Street, Suite 261
Address

Kissimmee, FL 34741
City, State & Zip

(407) 933-0147
Daytime Telephone number

99 JUN -4 AM 8:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/4

W99-10924

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

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 10, 1999

JANET CEGELKA
3501 W. VINE STREET, STE. 261
KISSIMMEE, FL 34741

SUBJECT: CENTRAL FLORIDA VACATION SERVICES, INC.
Ref. Number: W99000010924

We have received your document for CENTRAL FLORIDA VACATION SERVICES, INC. and your check(s) totaling $131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Sharon L. Philman
Document Specialist Supervisor

Letter Number: 699A00025526

TRANSMITTAL LETTER

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

SUBJECT: Florida Premium 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 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Janet Cegelka
Name (printed or typed)

1507 Black Bear Ct.
Address

Winter Springs FL 32708
City, State & Zip

407-933-0338
Daytime Telephone number

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: Florida Premium Vacation Services, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
1507 Black Bear Court, Winter Springs FL 32708

ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
Ten Thousand (10,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Janet Cegelka, 1507 Black Bear Court
Winter Springs FL 32708

ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Janet Cegelka
1507 Black Bear Ct.
Winter Springs FL 32708

Janet Cegelka
Signature/Incorporator

5/24/99
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.

Janet Cegelka
Signature/Registered Agent

5/24/99
Date

FILED
99 JUN -4 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA