

TRANSMITTAL LETTER

P99000109137

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

SUBJECT: USA Resort Properties, Inc
(Proposed corporate name - must include suffix)

200003073102--8
-12/16/99--01081--006
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: George Gomez
Name (Printed or typed)

Address

Miam. Fl.
City, State & Zip

305-969-7903
Daytime Telephone number

99 DEC 16 PM 1:52
FILED
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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

08/12/17

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:

USA Resort Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14135 S.W. 99 Ave Miami, FL 33157

ARTICLE III SHARES

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

100.00 (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

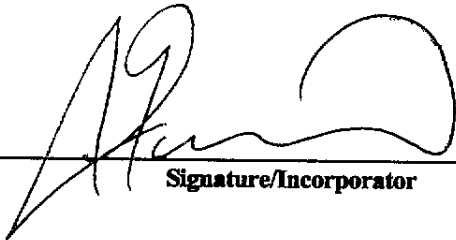
The name and Florida street address of the initial registered agent are:

George Gomez
14135 SW 99 Ave Miami, FL 33157

ARTICLE V INCORPORATOR

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

George Gomez
(Same)



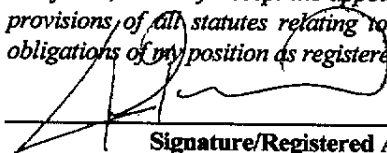
Signature/Incorporator

12/3/99

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



Signature/Registered Agent

12/3/99

Date

FILED
99 DEC 16 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA