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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

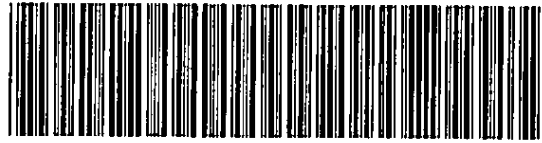
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2022

NICHOLAS F. FELONEY, ESQ.  
141 TREMONT ST, FL 3  
BOSTON, MA 02111

SUBJECT: THE VACATIONEER, INC.  
Ref. Number: W22000139829

We have received your document for THE VACATIONEER, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The complete document was not received. I am enclosing the page that was missing. Please fill it out and send the complete document back to me sothat I may process it for you.

Please return 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) 245-6052.

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 022A00024870

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: VACATIONEER, INC.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Nicholas F. Feloney, Esq.

Contact Person

Krems, Jackowitz, & Carman, LLP

Firm/Company

141 Tremont Street, FL 3

Address

Boston, MA 02111

City, State and Zip Code

jonathan@vacationeer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas F. Feloney, Esq. at 617, 556-0244

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees     \$113.75 Filing Fees and Certificate of Status     \$113.75 Filing Fees and Certified Copy     \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

THE VACATIONEER, INC.

Enter Name of the Converting Entity

2. The converting entity is a DOMESTIC PROFIT CORPORATION

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of MASSACHUSETTS

(Enter state, or if a non-U.S. entity, the name of the country)

on MAY 17, 2022

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

VACATIONEER, INC.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

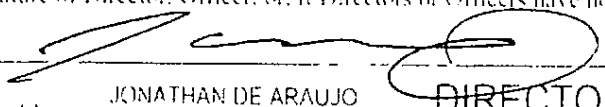
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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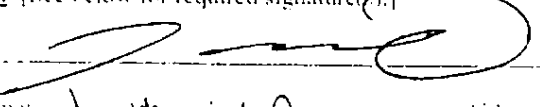
Signed this 3<sup>rd</sup> day of October, 2022

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an incorporator

  
Printed Name: JONATHAN DE ARAUJO Title: DIRECTOR

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature:   
Printed Name: Jonathan de Araujo Title: Director

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

If Florida General Partnership or Limited Liability Partnership:  
Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:  
Signatures of ALL General Partners

If Florida Limited Liability Company:  
Signature of a Member or Authorized Representative.

All others:  
Signature of an authorized person.

<u>Fees:</u>	
Articles of Conversion	\$25.00
Fees for Florida Articles of Incorporation	\$70.00
certified Copy	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I    NAME**            VACATIONEER, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address	Mailing address, if different is:
<u>1009 Oak Pond Dr.</u>	_____
<u>Kissimmee, FL 34747</u>	_____
_____	_____
_____	_____

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

TRAVEL AND VACATION PLANNING AND SERVICES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV    SHARES**            1,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Jonathan De Araujo, Director</u>	Name and Title: <u>Jonathan De Araujo, Secretary</u>
Address: <u>1009 Oak Pond Dr.</u>	Address: <u>1009 Oak Pond Dr.</u>
<u>Kissimmee, FL 34747</u>	<u>Kissimmee, FL 34747</u>
Name and Title: <u>Jonathan De Araujo, President</u>	Name and Title: _____
Address: <u>1009 Oak Pond Dr.</u>	Address: _____
<u>Kissimmee, FL 34747</u>	_____
Name and Title: <u>Jonathan De Araujo, Treasurer</u>	Name and Title: _____
Address: <u>1009 Oak Pond Dr.</u>	Address: _____
<u>Kissimmee, FL 34747</u>	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jonathan De Araujo

Address: 1009 Oak Pond Dr.  
Kissimmee, FL 34747

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place of business in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Required Signature/Registered Agent

10-3-2022  
\_\_\_\_\_  
Date

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