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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	⊠ \$78.75 Filing Fee	□ \$78.75 Filing Fee	\$87.50 Filing Fee,
1 ming 1 00	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
	•		Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Iris Casa	nova Orinted or typed)	
FROM:		Printed or typed)	
FROM:	16471 SW	nova Printed or typed)	at .
FROM:	16471 SW	18 Stree	<u>-</u>

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be:		
Hospitality Network Sales Corporation		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
16471 SW 18 Street		
Micamar FL 33027 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Sales and consulting		
Sales and consulting - FR 7 1		
ARTICLE IV SHARES The number of shares of stock is:		
100		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):		
Iris Casanova, President Manuel Casanova, Vice-President 16471 SW 18 Street Miraman, FL		
Manciel Casanova Vice-President		
16471 SIN 18 Street, Miraman, FL		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
Iris Casanova 16471 SW 18 Street		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
•		
(ris Casanova 16471 SW 18 Street		
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, am familiar with and accept the appointment as registered agent and agree to act in this capacity		
Signature/Registered Agent Date		
11-03-04		
Signature/Incorporator Date		