

PO8000002728

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

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FLORIDA PROFIT/NON PROFIT CORPORATION

Your Travel Needs, Inc.

Certificate of Status	0
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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:
YOUR TRAVEL NEEDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
4261 VICTORIA LAKES DRIVE WEST
JACKSONVILLE, FLORIDA 32226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT:
EURACHEL BROWN
4261 VICTORIA LAKES DRIVE WEST
JACKSONVILLE, FLORIDA 32226

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

A1A REGISTERED AGENT, INC.
92 SADBERRY RD
QUINCY, FLORIDA 32351

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ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

EURACHEL BROWN
4261 VICTORIA LAKES DRIVE WEST
JACKSONVILLE, FLORIDA 32226

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

x Tina Maki TINA MAKI, PRESIDENT
A1A REGISTERED AGENT INC. / Registered Agent's Signature

1/7/08
Date

Eurachel Brown
EURACHEL BROWN /Incorporator

1/7/08
Date

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