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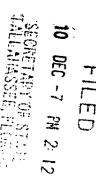
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COVER LETTER

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

SUBJECT:	JEYMAR TOURS, CORP			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCI</u>	<u>.ude suffix</u>)	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate o Status	
		ADDITIONAL CO	JPY REQUIRED	
FROM:		ARDO RENGIFO (Printed or typed))	
		, ,		
	2418 PARSC	NS POND CIRC	CLE	
	1/10/01/11	== =: 0.13.10		
_	KISSIMM City,	EE, FL 34743 State & Zip		
	407-	520-1034		
	Daytime Te	elephone number	 	
	INFO@JEYI E-mail address: (to be used	MARTOURS.CC)M	
	E-man address, (to be used	i ioi iutuic aimuai iepoit	nonneacton)	

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)

FILED 12

12/3/2010

Date

ARTICLE I The name of the co	NAME JEYMAR TOURS, COR reporation shall be:		10 DEC -7 PM 2:
ARTICLE II	PRINCIPAL OFFICE		SECRETARY on an
2	Principal <u>street</u> address 418 PARSONS POND CIRCLE USSIMMEE, FL 34743	Mailing addr	SECRETARY OF STATE ess, if different is SSEE, FLORE)
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
	SHARES res of stock is: 10,000 SHARES AT PAR V	VALUE OF \$1.00 EAC	Н
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	es.	
		Name and Title:	
Address:	2418 PARSONS POND CIRCLE KISSIMMEE, FL 34743 President	Address:	
Name and Ti	tle:ALFJANDRA RAMIREZ	Name and Title:	
Address:	2418 PARSONS POND CIRCLE KISSIMMEE, FL 34743 VICE- president	Address:	
Name and Ti	tle:	Name and Title:	
Address:		_ Address:	
•	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name: Address:	LUIS EDUARDO RENGIFO 2418 PARSONS POND CIRCLE	-	
11001035.	KISSIMMEE, FL 34743	- -	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	LUIS EDUARDO RENGIEO		
Address:	2418 PARSONS POND CIRCLE KISSIMMEE, FL 34743	_ _	
	ed as registered agent to accept service of process n familiar with and accept the appointment as reg		
	Al un Kati		12/3/2010
Required Signature/Registered Agent		····· - · · · · · · · · · · · · · · · · · · ·	Date
I submit this docu document to the Do	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the fal y as provided for in s.817.155,	se information submitted in a F.S.

Required Signature/Incorporator