

P14000076471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

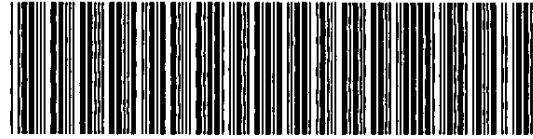
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000264142840

09/15/14--01012--001 **78.75

FILED
2014 SEP 15 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2014
S. GILBERT

COVER LETTER

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

SUBJECT: I Travel Agency Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: **David Waich**
Name (Printed or typed)

1136 W. Sunrise Blvd
Address

Ft Lauderdale, FL 33311
City, State & Zip

3054675684
Daytime Telephone number

waich2@gmail.com
E-mail address: (to be used for future annual report notification)

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: I Travel Agency Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1136 W. Sunrise Blvd
Ft Lauderdale, FL 33311

FILED
2014 SEP 15 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sell Travel Arrangements to Particulars and Corporations

ARTICLE IV SHARES

The number of shares of stock is: 100.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>David Waich</u>	Name and Title:	_____
Address	<u>1136 W. Sunrise Blvd</u> <u>Ft Lauderdale, FL</u> <u>33311</u>	Address:	_____ _____ _____

Name and Title:	<u>Max Waich</u>	Name and Title:	_____
Address	<u>19950 W Country Club Dr.</u> <u>Aventura, FL 33180</u>	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: David Waich
 Address: 1136 W. Sunrise Blvd
Ft Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: David Waich
 Address: 1136 W. Sunrise Blvd
Ft Lauderdale, FL 33311

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




 Required Signature/Registered Agent

09/11/2014

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Required Signature/Incorporator

09/11/2014

 Date