

P970000 48124

TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 29 AM 10:04
FILED

400002194634--4
-05/29/97--01055--013
****122.50 ****122.50

SUBJECT: FLORIDA SUNSHINE TOURS, INC.

(Proposed corporate name - must include suffix)

400002194634--4
-05/29/97--01055--013
****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: FABIO RAMOS

Name (Printed or typed)

2378 SIESTA LN

Address

KISSIMMEE, FL 34746

City, State & Zip

(407) 396-2020

Daytime Telephone number

P. 01-100000 JUN 2 1997

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

FILED
97 MAY 29 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: FLORIDA SUNSHINE TOURS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2378 SIESTA LN.
KISSIMMEE, FL 34746

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 SHARES AT PAR VALUE \$1.00 ea.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

FABIO RAMOS
2378 SIESTA LN
KISSIMMEE, FL 34746

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

FABIO RAMOS
2378 SIESTA LN
KISSIMMEE, FL 34746

Fabio L. Ramos.

Signature/Incorporator

5-16-97.

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Fabio L. Ramos.

Signature/Registered Agent

5-16-97.

Date

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: FLORIDA SUNSHINE TOUR, INC.

PLEASE MAILED TO:

MASTER TAX
3830 CURRY FORD RD
ORLANDO, FL 32806

(407) 896-7113 HUMBERTO COLLAZO

THANK YOU,

A handwritten signature in black ink, appearing to read "Humberto Collazo", is written over a horizontal line.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 MAY 29 AM 10: 04

FILED