

P98000019803

TRANSMITTAL LETTER

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

900002443659--5
-03/02/98--01031--008
*****78.75 *****78.75

SUBJECT: CASTAWAYS TRAVEL, INC.
(Proposed corporate name - must include suffix)

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: Joseph DellaFave
Name (Printed or typed)

4711 S.W. 24TH Avenue
Address

CAPE CORAL, FLORIDA 33914
City, State & Zip

941-540-8669
Daytime Telephone number

98 MAR -2 PM 4:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/2/98
J.M.

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.

ARTICLE I NAME

The name of the corporation shall be:

CASTAWAYS TRAVEL, INC.

ARTICLE II PRINCIPAL OFFICE

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

4711 S.W. 24TH AVENUE
CAPE CORAL, FLORIDA 33914

ARTICLE III SHARES

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

20,000 SHARES Common Stock - NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSEPH DELLAFAVE
4711 S.W. 24TH AVE, CAPE CORAL, FL 33914

ARTICLE V INCORPORATOR

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

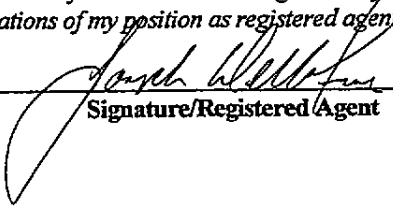
JOSEPH DELLAFAVE
4711 S.W. 24TH AVE, CAPE CORAL, FL 33914


Signature/Incorporator

2/25/98
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.


Signature/Registered Agent

2/25/98
Date

FILED
98 MAR -2 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA