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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A3 TOURS, CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
01 MAY 10 AM 10:52
DIVISION OF CORPORATION

FILED
01 MAY 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION OF
A3 TOURS, CORP.**

FILED
01 MAY 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to Contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be: **A3 TOURS, CORP.**

The principal place of business of this corporation shall be **10155 S.W. 163 PLACE**, Miami, Florida

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock of \$1.00 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be **10155 S.W. 163 PLACE**, Street, Miami, Florida 33196 and the name of the initial registered agent of the corporation at that address is **ALVARO ACOSTA**.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS.

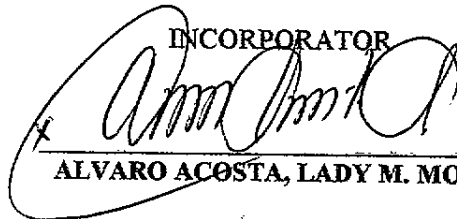
This corporation shall have no Directors initially. The affairs of the Corporation will be managed by the shareholders until such time Directors are designated as provided bi the Bylaws.

ARTICLE VII. INCORPORATOR

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

**ALVARO ACOSTA, LADY M. MOLINA
10155 S.W. 163 PLACE.
MIAMI, FLORIDA 33196**

IN WITNESS WHEREOF, the undersigned authorized incorporator, has hereunto set his hand and seal on this 9th of May, 2001.

INCORPORATOR

ALVARO ACOSTA, LADY M. MOLINA

The foregoing instrument was acknowledged before me this ____ day of ____, 2001
by _____.

Notary Public, State of Florida at Large

My Commission expires: _____

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designing the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **A3 TOURS, CORP.**
2. The name and address of the registered agent and office is:

ALVARO ACOSTA

10155 S.W. 163 PLACE.

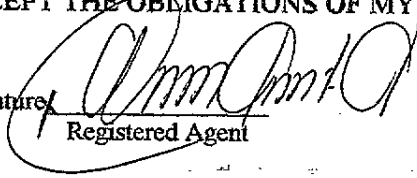
(P.O.BOX or Mail Drop Box **NOT** acceptable)

Miami, Florida 33196

(City, State, Zip Code)

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

Date _____

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01 MAY 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA