## P0800002/352

· • •	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
	Certificates of Status			
Special Instructions to Filing Officer:				
	,			
	•			





900117473769

02/12/08--01017--004 \*\*78.75

TILEU

-08 FEB 25 PM 4: 35

SECRETARY OF STATE
AND SAFE FLORIDA

AND AND SEFF FLORIDA

AND SEF



## **COVER LETTER**

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

SUBJECT:	ANTHON TA	PAVELS ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	ANTHONY Name 4230 56	J 50 Lli d Address	NS
	352-208-4	1727 Telephone number	

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



February 13, 2008

ANTHONY WILLIAMS 4230 SW 50TH CIRCL OCALA, FL 34474

SUBJECT: ANTHONY TRAVELS Ref. Number: W08000007833

We have received your document for ANTHONY TRAVELS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Articles I-VII.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 008A00009489

ARTICLES OF INCORPORATION. In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro	fit)
ARTICLE I NAME	FILED
The name of the corporation shall be:	Na Erra
Anthony Travels, Incorporated	08 FEB 25 PM 4: 35 SECRETARY OF STATE FALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	TOSEE, FLORIDA
The principal place of business/mailing address is: 4230 S.W. 50th Circle Ocala, FL 34474	
ARTICLE III PURPOSE	<b>.</b>
The purpose for which the corporation is organized is: To sell vacation travel packages to individuals and groups,	
ARTICLE IV SHARES The number of shares of stock is:	•
1	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS
List name(s), address(es) and specific title(s):	
Anthony Williams, Owner	
	-
·	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT accepta	able) of the registered agent is:
Anthony Williams Circle 4230 S.W. 50th Circle	•
4230 S.W. 50th Circle	
Ocala, FL 34474	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	•
Anthony Williams	
Anthony Williams 4230 S.W. 50th Circle	
Ocala, FL 34474	
***************	***********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered ag	
bothing Wille.	2/5/08
Signature/Registered Agent	/ Date /
bulling the	2/5/08
Signature/Incorporator	Date