

N200000003381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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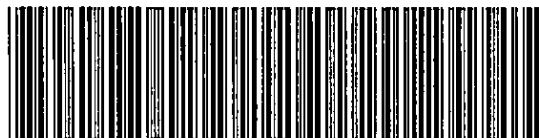
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Travel Forward International, 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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Mariya Nikitina-Samms
Name (Printed or typed)

5885 White Sands Rd
Address

Keystone Heights, FL 32656
City, State & Zip

(352)-327-6854
Daytime Telephone number

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

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

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2020 MAR -6 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I - NAME

The name of the corporation shall be: Travel Forward International, Inc.

ARTICLE II - PRINCIPAL OFFICE

Principal street address:

5885 White Sands Rd
Keystone Heights, FL 32656

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is: Travel Forward International, Inc. is organized exclusively for charitable, religious, educational, or scientific purposes under section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

ARTICLE IV - MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As provided for in the bylaws.

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

(President)		(Secretary)	
Name and Title:	<u>Mariya Nikitina-Samms</u>	Name and Title:	<u>Mariya Nikitina-Samms</u>
Address	<u>5885 White Sands Rd</u> <u>Keystone Heights, FL 32656</u>	Address:	<u>5885 White Sands Rd</u> <u>Keystone Heights, FL 32656</u>
(Treasurer)		(Director)	
Name and Title:	<u>Mariya Nikitina-Samms</u>	Name and Title:	<u>Mariya Nikitina-Samms</u>
Address	<u>5885 White Sands Rd</u> <u>Keystone Heights, FL 32656</u>	Address:	<u>5885 White Sands Rd</u> <u>Keystone Heights, FL 32656</u>
(Vice President)		(Director)	
Name and Title:	<u>Natqia Kustrom</u>	Name and Title:	<u>Natalia Kustrom</u>
Address	<u>5770 Bitter Root St</u> <u>Keystone Heights, FL 32656</u>	Address:	<u>5770 Bitter Root St</u> <u>Keystone Heights, FL 32656</u>

Name and Title: Jasol Williston (Director) Name and Title: Marcos Ortega (Director)
Address: 522 King St. E. Address: 6446 West 22 Ct
Virden, MB Hialeah, FL 33016
ROM2CO, Canada

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: Mariya Nikitina-Samms
Address: 5885 White Sands Rd
Keystone Heights, FL 32656

ARTICLE VII INCORPORATOR

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

Name: Mariya Nikitina-Samms
Address: 5885 White Sands Rd
Keystone Heights, FL 32656

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Mariya Nikitina-Samms

Required Signature of Registered Agent

3/4/2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Mariya Nikitina-Samms

Required Signature of Incorporator

3/4/2020

Date