

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 327  
Tallahassee, FL 32314

**SUBJECT:** BIZ TRIPS, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003414093--7  
-10/04/00--01078--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** BIZ TRIPS, INC  
Name (Printed or typed)

630 BEACH ROAD RESORT #13  
Address

NAPLES, FL. 34114  
City, State & Zip

941-513-3788  
Daytime Telephone number

00 OCT -4 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

10/5

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

BIZ TRIPS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6630 BEACH RESORT DRIVE #13

NAPLES, FL 34114

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRAVEL SALES

## ARTICLE IV SHARES

The number of shares of stock is:

100,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PAUL COHEN

6630 BEACH RESORT DRIVE #13

NAPLES, FL 34114

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

PAUL COHEN

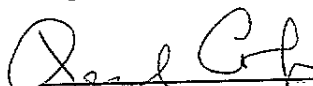
6630 BEACH RESORT DRIVE #13

NAPLES, FL 34114

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

10/1/00  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/1/00  
Date

FILED  
00 OCT -4 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA