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TRANSMITTAL LETTER

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

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-11/06/00--01107--011
*****87.50 *****87.50

SUBJECT: WEEKEND GETAWAYS CHARTER SERVICE, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

RAUL L. VALDES

Name (Printed or typed)

P.O. Box 660440

Address

MIAMI SPRINGS FL 33266

City, State & Zip

(305) 889-5643

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FL 32304

00 NOV -6 PM 3:47

FILED

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

11-8
11-8

Articles of Incorporation

Pursuant to Chapter 607 or 621 Florida Statutes, the articles of incorporation must set forth the following:

ARTICLE I: NAME OF CORPORATION

Weekend Getaways Charter Service, Inc.

ARTICLE II: PRINCIPLE PLACE OF BUSINESS

**Post Office Box 660440
Miami Springs, Florida 33266**

ARTICLE III: NUMBER OF SHARES OF STOCK

Ten (10)

ARTICLE IV: DIRECTORS/OFFICERS

**Raul L. Valdes – President/Director
7300 Northwest 69th Avenue Road
Miami Springs, Florida 33166**

ARTICLE V: INITIAL REGISTERED AGENT

**Raul L. Valdes
7300 Northwest 69th Avenue Road
Miami Springs, Florida 33166**

ARTICLE VI: INCORPORATOR


**Raul L. Valdes
7300 Northwest 69th Avenue Road
Miami Springs, Florida 33166**

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 of Registered Agent

11-01-00
Date



Signature of Incorporator

11-01-00
Date

FILED
00 NOV -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA