

TRANSMITTAL LETTER

PO10000004853

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

SUBJECT: PLANIT TRAVEL OF CLEARWATER, INCORPORATED
(Proposed corporate name - must include suffix)

500003530475--2
01/10/01-01009-002
*****87.50 *****87.50

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: D. Gahagen
Name (Printed or typed)

20505 US Hwy 19 North, Suite 246
Address

CLEARWATER, Florida 33764
City, State & Zip

727-725-3990
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 10 AM 11:56

FILED

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

SeB
1/12 (2)

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be; PLAN-IT TRAVEL OF CLEARWATER, Incorporated.

ARTICLE II

The principal place of business and mailing address of this corporation shall be; 20505 U.S. Highway 19 North, Suite #246, Clearwater, Florida 33764.

ARTICLE III

The number of shares of stock in this corporation is authorized to have outstanding at any one time is; 100 shares.

ARTICLE IV

The name and Florida street address of the initial registered agent is; Donald Gahagen at 20505 U.S. Highway 19 North, Suite #246, Clearwater, Florida 33764.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is; Donald Gahagen 20505 U.S. Highway 19 North, Suite #246, Clearwater, Florida 33764.



Signature/Incorporator LS

January 9, 2001
Date

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 LS

January 9, 2001
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA