

# DO/0000/3/53 TRANSMITTAL LETTER



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

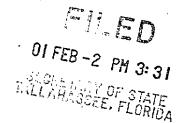
700003531197--8 -02/02/01--01107--006 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	MARY SISTI TO		
Enclosed is an origin	(Proposed corpor	rate name - must include sur s of incorporation and a	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
·		ADDITIONAL COPY REQUIRED	
FROM: Many SISTI  Name (Printed or typed)  5900 SW 110 Arenue  Address			
FORT LAUDENOALE FL 33328  City, State & Zip			

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



#### 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 NAME

The name of the corporation shall be:

MARY SISTI TRAVEL SERVICE, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5900 SW 110 Arenue FORT LAUderdace, FL 33328

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARY SISTI 5900 SW 110 Avenue FT. LAUDERDALE
FL 33328

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARY SISTI 5900 SW 110 Avenue FT. LAUdendALE
PL 33328

V Mary Siste 1-29-2001
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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

Mary Obsta.
Signature/Registered Agent

1-29-2001

Date