

P01000020549

https://ecfssl.dos.state.fl.us/scripts/efilcovr.exe

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000020750 5))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 26 PM 1:28

FLORIDA PROFIT CORPORATION OR P.A.

EQUINOCCIAL TRAVEL AND TOURS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

350)487-6013

(850)487-6013
02/26/01 12:38 F1 Dept of State p1 /1



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 26, 2001

FAS-T

SUBJECT: EQUINOCCIAL TRAVEL AND TOURS, INC.
REF: W01000004377

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight
Document Specialist

FAX Aud. #: H01000020750
Letter Number: 601A00011982

ARTICLES OF INCORPORATION

OF

EQUINOCCIAL TRAVEL AND TOURS, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 26 PM 1:28

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: EQUINOCCIAL TRAVEL AND TOURS, INC.

The principal place of business of this corporation shall be: 4650 West 4th Ave.
Hialeah, FL. 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 Shares at \$ 1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Gloria Martinez, President
1598 Blue Jay Circle
Ft. Lauderdale, FL. 33327

German Mendez
1598 Blue Jay Circle
Ft. Lauderdale, FL. 33327

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Gloria Martinez
1598 Blue Jay Circle
Ft.Lauderdale, Fl. 33327

German Mendez
1598 Blue Jay Circle
Ft.Lauderdale, Fl. 33327

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these
Articles of Incorporation this 24th day of February, 19 2001

Signature(s) of Incorporator(s)

Gloria Martinez Pres.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: EQUINOCCIAL TRAVEL AND TOURS, INC

2. The name and address of the registered agent and office is:

GLORIA MARTINEZ

(P.O. BOX NOT ACCEPTABLE)

1598 Blue Jay Circle, Ft. Lauderdale, Fl. 33327

(CITY/STATE/ZIP)

SIGNATURE *Gloria Martinez*
(corporate officer)

TITLE President

DATE 02/24/2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Gloria Martinez*

DATE 02/24/2001

FEB 26 PM 1:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT FILING FEE: