

TRANSMITTAL LETTER

PO1000023269

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

SUBJECT: TRAVELMASTERS ENTERPRISES, INC.

(Proposed corporate name - must include suffix)

500003795475--2
-03/02/01--01034--006
*****78.75 *****78.75

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: V. Balletto & Associates, Inc.

Name (Printed or typed)

3956 Town Center Blvd., #165

Address

Orlando, FL 32837

City, State & Zip

(407) 248-9877

Daytime Telephone number

01 MAR -2 PM 1:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

74 3/6/01

FILED

01 MAR -2 PM 1:46

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

TRAVELMASTERS ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

**7802 KINGS POINT PARKWAY, SUITE 203
ORLANDO, FL 32819**

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

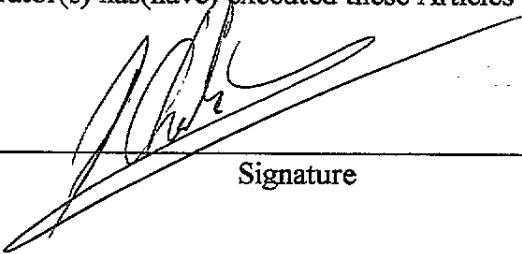
**PAUL CHARLESTON
4955 BRIGHTMOUR CIRCLE
ORLANDO, FL 32837**

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**PAUL CHARLESTON
4955 BRIGHTMOUR CIRCLE
ORLANDO, FL 32837**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this **23rd** day of **FEBRUARY, 2001**.



Signature

Signature

Signature

NOTARIZATION IS NOT REQUIRED

FILED

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

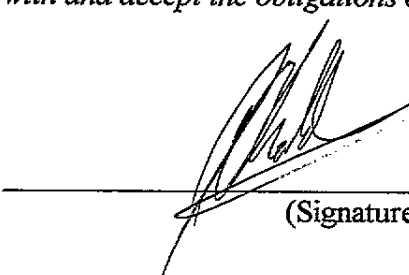
1. The name of the corporation is: TRAVELMASTERS ENTERPRISES, INC.
2. The name and address of the registered agent and office is:

PAUL CHARLESTON
(NAME)

4955 BRIGHTMOUR CIRCLE
(P.O. Box or Mail Drop Box NOT Acceptable)

ORLANDO, FL 32837
(City/State/Zip)

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

FEBRUARY 23, 2001
(Date)