Pod-000028140

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

SUBJECT: Adventure (PROPOSED CORPORA)	Travel Fo te name - <u>must incl</u> i	or Singles ude suffix)	_Over 50, Inc	
Enclosed is an original and one(1) copy of the article		00005064 -03/07/020 ******78.75 check for:	10353 1041-020 ******78.75	
☐ \$70.00 ☐ \$78.75 Filing Fee	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Adventure Travel For Singles Over 50, Inc.				
P.O. Box 521959 Address				
Longwood,	- Florida State & Zip	<u>3275</u> 2-/9	59	
<u>407-333-0</u> Daytime Te	2591 elephone number	02 MAR -7. PH I	FILED	

NOTE: Please provide the original and one copy of the artic

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ARTICLES OF INCORPORATION —	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
Adventure Travel For Singles Over 50, The ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 52/959 60000000000000000000000000000000000	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
P.O. Box 521959	
P.O. Box 521959 Longwood, Fl. 32752-1959	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
To Organize Travel Trips For Single People Over 50	
ARTICLE IV SHARES	
The number of shares of stock is:	
1,000	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
Judy Kostur-President	
Sandra Marsh - U.P.	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
The man to the transfer of the registration of	
1951 Long Pand Dr. Judy Kostur	
Longwood, Fl. 32779	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Judy Kostur	
1951 hong Powd Dr.	
LONGWOOD, FT. 32779 ***********************************	**
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	this
$Q_{i} Q_{i} Q_{i} \mathcal{L} \mathcal{A}$	
Signature/Registered Agent Date	•
Distribution Tools Date	