

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 1627  
Tallahassee, FL 32311

**P0200098387**

SUBJECT: EZ2CRUZ, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400007605754--2

-09/09/02--01075--005

\*\*\*\*\*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: Eileen BYRNES  
Name (Printed or typed)

16066 83 Place North  
Address

Loxahatchee, Fl. 33470  
City, State & Zip

561-795-2424  
Daytime Telephone number

02 SEP -9 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

# 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:

EZ2 CRUZ, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16066 83<sup>rd</sup> Place North  
Loxahatchee, FL 33470

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling Cruises

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Eileen Byrnes  
16066 83<sup>rd</sup> Place North  
Loxahatchee, FL 33470

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eileen Byrnes  
16066 83<sup>rd</sup> Place North  
Loxahatchee, FL 33470

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Eileen Byrnes*

Signature/Registered Agent

9-5-02

Date

*Eileen Byrnes*

Signature/Incorporator

9-5-02

Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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