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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205

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From:

Account Name : NATIONS BUSINESS CENTER, IJC.

Account Number : I20000000238 Phone : (305)591-9448 Fax Number -: (954)753-3447 OZ SEP 18 AM 8: 27
SECRETARY OF STATE
TALL AHASSEE, FLORID

FLORIDA PROFIT CORPORATION OR P.A.

PLAYERS TRAVEL CLUB, INC

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Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78. 5

9/18/92

FAX AUDIT#(((HD2603/979263"

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a comporation under the Florida General Corporation Act, hereby dopt(s) the following:

Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

PLAYERS TRAVEL CLUB, INC.

The principal place of business of this corporation shall be:

2520 N.W. 97 Avenue Suite#23()

Miami, FL 33172

ARTICLE II NATURE OF BUSINESS

This corporation may engage in any business permit ed under the laws of the United State, 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 value that this corporation is authorized to have outstanding at any one time is: 1000.

FAX AUDIT#(HO206CF749 C6.5)

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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 cornoration's existence or until their successor(s) is (are):A. Ernest Cruz whor tresides at 2520 NW 97 Ave., Suite#230 Miami, FL 33172.

ARTICLE VI INCORPORATOR(:)

The names(s) and street address(cs) of the incorpor, ton's) to these articles of incorporation is (are): A. Ernest Cruz who m resides at 2520 NW 97 Avc., Suite #230, Miami, FL 33172

Signature(s) of Incorporator(s)

A. Ernest Cruz President/Incorporator/Registered Agent

FAX AUDIT#: (((H0 200.1999265))

P:4

FAX AUDIT # (H

CERTIFICATE OF DESIGNATION N REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Flor da Statutes, the

Undersigned Corporation, organized under the laws of the State of

Florida, submits the following statement in designa ing the registered office/registered agent, in the State of Florida.

1. The name of the corporation: Players Travel Clut, Inc.

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

A. Ernest Cruz 2520 NW 97 Ave. Suite #230 Miami, FL 33172

SIGNATURE:

TITLE: Incorporator/legistered Agent

Date: 7 /2-2 02-

HAVING BEEN NAMED TO ACCEPT SERVICE OF PI OCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DE SIGNATED 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 COMPLETI). PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

FAX AUDIT (H