

PO3000030781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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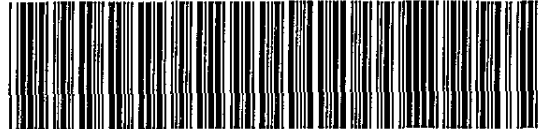
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

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

SUBJECT: Travelore Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Aliza S. Sarid  
Name (Printed or typed)  
3213 Dover Road  
Address  
Pompano Beach, FL 33062  
City, State & Zip  
954-545-0040  
Daytime Telephone number

**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: Travelore Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3213 Dover Road  
Pompano Beach, FL 33062

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Travel Web

## ARTICLE IV SHARES

The number of shares of stock is: 50

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President  
Aliza S. Sarid  
3213 Dover Road  
Pompano Beach, FL 33062

Vice President  
Marcia L. Arbott  
1493 Watson Avenue  
Little River, SC 29566

## ARTICLE VI REGISTERED AGENT

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

Aliza S. Sarid  
3213 Dover Road  
Pompano Beach, FL 33062

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

President  
Aliza S. Sarid  
3213 Dover Road  
Pompano Beach, FL 33062

\*\*\*\*\*  
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

\_\_\_\_\_  
Signature/Registered Agent

03/25/03

\_\_\_\_\_  
Date

03/25/03

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

03 MAR 31 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA