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03 APR -4 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: _____

TURISMO, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: _____

JUAN CASTELLANOS

Name (Printed or typed)

392 HARBOUR ISLE WAY

Address

LONGWOOD, FL 32750

City, State & Zip

407/830-6289

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:
Turismo, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
392 Harbour Isle Way, Longwood, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Develop Tourism and other business ventures.

ARTICLE IV SHARES

The number of shares of stock is:
1,000 @ \$.01 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):
Juan Castellanos
392 Harbour Isle Way
Longwood, FL 32750

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:
Juan Castellanos
392 Harbour Isle Way
Longwood, FL 32750

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Juan Castellanos
392 Harbour Isle Way
Longwood, FL 32750

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

Date

Signature/Incorporator

Date

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