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SECRETARY OF STATE TALLAHASSEE, FLORIDA

-1-

TRANSMITTAL LETTER

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

SOBJECT	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
⊠ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Linda B. Owens	(Printed or typed)	
	7312 Caladesia	Drive_	·
	Sarasota, FL 3 City,	4243 State & Zip	
	941 351-2117		

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

Daytime Telephone number

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 APR 30 AH 9: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Touriffic Vacations, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7312 caladesia Drive Sarasota, FL 34243

ARTICLE III __PURPOSE

The purpose for which the corporation is organized is:

selling of travel

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Linda B. Owens

7312 Caladesia Orive

Sarasota, FL 34243 President/Treasurer

Bill R. Owens

7312 Caladesia Orive

Sara sota, FL 34243

Vice President

ARTICLE VI REGISTERED AGENT

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

Linda B. OWENS 7312 Caladesia Drive Savasota, FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Linda B. Owens 7312 caladesia Drive Sarasota, FL 34243

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