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(Address)

(Address)

(City/State/Zip/Phone #)

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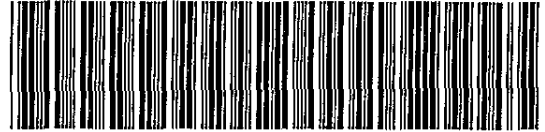
(Business Entity Name)

(Document Number)

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

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03 JUL - 7 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/07/03--01057--001 \*\*79.75

## TRANSMITTAL LETTER

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

SUBJECT: PRESTIGE STAGECOACH AND TOURS, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: CHRISTOPHER FULLER  
Name (Printed or typed)

P.O. BOX 996

Address

FORT LAUDERDALE, FLORIDA 33302

City, State & Zip

(954) 588-1515

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

PRESTIGE STAGECOACH AND TOURS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

P.O. BOX 996  
FORT LAUDERDALE, FLORIDA 33302

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

(1) one

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Christopher Fuller - P.O. Box 996, Fort Lauderdale, Florida 33302 - (President)  
Katrina Fuller - P.O. Box 996, Fort Lauderdale, Florida 33302 - (Vice President)

**ARTICLE VI REGISTERED AGENT**

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

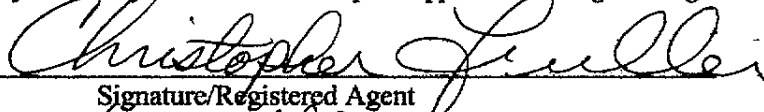
Christopher Fuller  
1460 Northwest 2nd Street A-206  
Fort Lauderdale, Florida 33311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Katrina Fuller  
P.O. Box 996  
Fort Lauderdale, Florida 33302

\*\*\*\*\*  
*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

June 30, 2003

\_\_\_\_\_  
Date

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

June 30, 2003

\_\_\_\_\_  
Date