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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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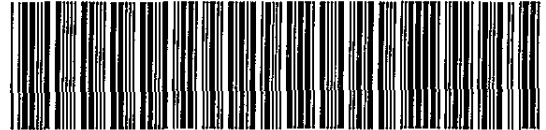
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL 14 AM 10:52

F. CHESLER

JUL 1 9

TRANSMITTAL LETTER

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

SUBJECT: Rose of Sharon 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Sharon Schenelle Paulk

Name (Printed or typed)

891 NW 213 Ter #102

Address

Miami, FL 33169

City, State & Zip

(305) 493-0808

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:

Rose of Sharon Tours, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

891 NW 213 TER #102
Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality transportation service throughout nationl, international and the caribbean islands.

ARTICLE IV SHARES

The number of shares of stock is: 100

99% Sharon S. Paulk, 1% Jubriell Paulk

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Sharon Schenelle Paulk CEO/Founder
Jubriell Charivette Paulk- Vice President CEO
Twaun Jermaine Adams-Secretary

ARTICLE VI REGISTERED AGENT

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

Jubriell Charivette Paulk
20461 NW 17 Ave #105
Opa Locka FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon Schenelle Paulk
891 NW 213 Ter #102
Miami, FL 33169

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

Sharon Paulk
Signature/Registered Agent

7/10/03
Date

Sharon Paulk
Signature/Incorporator

7-10-03
Date

Juanita Hawkins

Juanita Hawkins
My Commission CC855580
Expires July 15, 2003

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL 14 AM 10:52