

P 03 0000 78737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

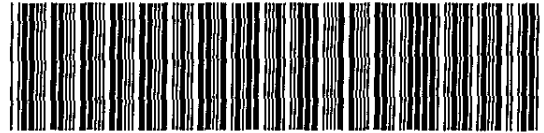
(Document Number)

Certified Copies _____ Certificates of Status _____

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La Shonda WAVE
AUTHORIZATION BY PHONE TO
CORRECT Stock-R.A.
DATE 7-16-03
BY FC



000020931360

06/30/03--01065--012 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL 16 PM 1:49

F. CHESER JUL 17

3016
SHOCK
CORP. R.A. Shedd
La Shonda

~~W-3 19299~~

TRANSMITTAL LETTER

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

SUBJECT: Emaculant Travel Agency 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:

Shonda N. Hallum - Christina Alexander
Name (Printed or typed)

99 NW 183rd St Suite 201
Address

Miami Gardens, Florida
City, State & Zip

1-877-835-6822
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

03 JUL 17 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 8, 2003

LA SHONDA MCCALLUM
99 NW 183 STREET STE 201
MIAMI GARDENS, FL 33169

SUBJECT: EMACULANT TRAVEL AGENCY, INC.
Ref. Number: W03000019229

We have received your document for EMACULANT TRAVEL AGENCY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser
Document Specialist
New Filings Section

Letter Number: 403A00040343

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: Emaculant Travel Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 99 NW 183rd St Ste. 201
Miami Gardens, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Travel Agency and Office Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): LaShonda McCallum
Christina Alexander

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL 16 PM 1:50

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: LaShonda McCallum
Emaculant Travel Agency
99 NW 183rd St Ste.
Miami Gardens, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: LaShonda McCallum
1718 NW 74th St
Miami, FL 33147 And Christina Alexander
9251 NW 8th av
Miami, FL 331

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

LaShonda McCallum
Signature/Registered Agent

6-23-03
Date

LaShonda McCallum
Signature/Incorporator

6-23-03
Date