

P03000155041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓ D. WHITE DEC 23 2003

Office Use Only



900025375549

12/12/03--01019--015 **78.75

FILED

03 DEC 12 PM 3:10

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

TRANSMITTAL LETTER

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

SUBJECT: Concierge Travel Services, 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: Lisa A. Kaplan

Name (Printed or typed)

1317 Old England Loop

Address

Sanford, FL 32771

City, State & Zip

407-492-0525

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:

Concierge Travel Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1317 Old England Loop
Sanford, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operation of travel agency.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Lisa A. Kaplan
1317 Old England Loop
Sanford, FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa A. Kaplan
1317 Old England Loop
Sanford, FL 32771

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

Lisa A. Kaplan
Signature/Registered Agent

12/10/2003
Date

Lisa A. Kaplan
Signature/Incorporator

12/10/2003
Date

FILED
03 DEC 12 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA