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TRANSMITTAL LETTER

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

Subject

CYCLONE TOURS, INC.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

570.00 Filing Fee

⋈ \$78.75

& Certified Copy

\$78.75

\$87.50

Filing Fee

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

(ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF CYCLONE TOURS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida bu - Act, hereby adopts the following articles of incorporation.	usiness Corporation
ARTICLE I NAME The name of the Corporation shall be: CYCLONE TOURS, INC.	DIL MAR -
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	MAR -8 PM 5: 44 AHASSEE; FLORIDA
2536 SE 19th Place Homestead, Florida 33035	ADD 44
ARTICLE III SHARES The number of shares that this corporation is authorized to have outstanding at any or \$0.01 par value per share.	ne time is: 1500 at
ARTICLE IV INITIAL DIRECTORS The name(s) and address(s) of the initial Director(s) is/are:	
Michael Theiss 2536 SE 19th Place Homestead, Florida 33035	
James Leonard P.O. Box 1601 Islamorada, Florida 33036	
ARTICLE V INITIAL REGISTERED AGENT AND STREET The name and Florida street address of the initial registered agent is:	'ADDRESS
Michael Theiss 2536 SE 19th Place Homestead, Florida 33035	
ARTICLE VI INCORPORATOR The name and address of the incorporator to these Articles of Incorporation is:	
Nellie Akalp 30141 Agoura Rd., Suite 205 Agoura Hills, California 91301	
Mall'a Culo 2.25.	04
Nellie Akalp, Incorporator Date Having been named as registered agent and to accept service of process for the above stated place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper a performance of my duties, and I am familiar with and accept the obligations of my position a	agree to act in this and complete