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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (12 | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

on 18 -04

TRANSMITTAL LETTER

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

| SUBJECT: Itine | raire Corp. | | | |
|-------------------------|-------------------------------------|----------------------------|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| | | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| ☐ \$70.00 Filing Fee | \$78.75 Filing Fee | □ \$78.75 Filing Fee | ☑ \$87.50 Filing Fee, | |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of Status | |
| | | ADDITIONAL CO | PY REQUIRED | |
| FROM: D | ania Devilme | | | |
| | Name | (Printed or typed) | | |
| | 6243 NW 171 Street | | | |
| | Ā | Address | | |
| | Miami Lakes, Florida 33015 | | | |
| | City, | State & Zip | | |
| | 305-773-5211 | | | |
| | Daytime Telephone number | | | |

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 6, 2004

DANIA DEVILME 6243 NW 171 STREET MIAMI LAKES, FL 33015

SUBJECT: ITINERAIRE CORP. Ref. Number: W04000013267

RECEIVED

04 APR 14 PM 12: 05

DETARTMENT OF JAIL

VISION OF CORPURATIONS

TAILAHASSEL, FLORIDA

We have received your document for ITINERAIRE CORP. and your check(s) totaling \$87.50. 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.

Please put the number of shares not a percent.

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) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 004A00022383

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: Itineraire Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 633 NE 167th Street #524 North Miami Beach, Florida 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Motivation

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):

Dania Devilme & Frantz Devilme 6243 NW 171st Street Miami Lakes, Florida 33015 Directors Alain Innocent & Tatiana Innocent 10224 NW 44th Terrace Miami, Florida 33178 Officers

ARTICLE VI REGISTERED AGENT

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

Dania Devilme 6243 NW 171st Street Miami Lakes, Florida 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dania Devilme 6243 NW 171st Street Miami Lakes, Florida 33015

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

Signature/Incorporator

Date

SECRETARY OF STATE