# P0500016394

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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2/2/5/5/12/15 12/15/12/15

# TRANSMITTAL LETTER

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

SUBJECT:	Jemar Tours Transportation, Inc		
Enclosed are an orig	(PROPOSED CORPORA)	- 10	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status  Hready paid	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM:		Tax Service, Inc (Printed or typed)	
-		ancaster Rd. Address	
-		o, Fl 32809 State & Zip	
-	407-857 Daytime T	7-5227 elephone 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:

Jemar Tours Transportation, inc

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7546 Sand Lake Pointe Loop # 104 Orlando, Fl 32809

#### ARTICLE III \_ PURPOSE

The purpose for which the corporation is organized is: Tours

#### ARTICLE IV SHARES

The number of shares of stock is: 10,000 shares at par value of \$1.00 each

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis E. Rengifo (President) 4546 Sand Lake Pointe Loop # 104 Orlando, Fl 32809 Alejandra J. Ramirez (Vice President) 4546 Sand Lake Pointe Loop # 104 Orlando, Fl 32809

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Luis E. Rengifo (Regestered Agent) 4546 Sand Lake Pointe Loop # 104 Orlando, Fl 32809

#### ARTICLE VII \_\_INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Luis E. Rengifo (Incorporator) 4546 Sand Lake Pointe Loop # 104 Orlando, Fl 32809

** ** ** ** ** ** ** ** ** ** ** ** **	*********
Having been named as registered agent to accept service of process for certificate, I am familiar with and pccept the appointment as registered	
west .	01/25/2005
Signature/Registered Agent	Date
a uest 7.	01/25/2005
Signature/Incorporator	Date





# FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 24, 2005

LANCASTER TAX SERVICE, INC. 705 W. LANCASTER RD. ORLANDO, FL 32809

SUBJECT: M.J. TOURS TRANSPORTATION, INC.

Ref. Number: W05000003685

We have received your document for M.J. TOURS TRANSPORTATION, 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 number of the name conflict is P04000093943.

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) 245-6955.

Letter Number: 105A00004688

Suzanne Hawkes Document Specialist New Filings Section