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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SEAL OF THE
FLORIDA DEPARTMENT OF
STATE

05 FEB -3 AM 8:07

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FLORIDA PROFIT CORPORATION OR P.A.

travelsafe partners, inc.

Certificate of Status	0
Certified Copy	1
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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:

TravelSafe Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

TravelSafe Partners, Inc.
3236 Southgate Circle
Sarasota, Florida 34239ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Class A Common Stock, 10 per share Par Value

ARTICLE V INITIAL DIRECTORS/OFFICERS

The names and addresses:

Cory M. Allen - P/T/D
3236 Southgate Circle
Sarasota, Florida 34239Michael A. Riccio, III - VP/S/D
3236 Southgate Circle
Sarasota, Florida 34239ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael L. Morgan, Esq.
Brown & Morgan, P. A.
1800 Second Street, Suite 806
Sarasota, Florida 34236ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michael L. Morgan
1800 Second Street, Suite 806
Sarasota, Florida 34236

Signature/Incorporator

2/3/05

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

2/3/05

Date

s/djbm(CORP) TravelSafePartners, Inc.

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