

PO5000144145

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2005 OCT 24 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton OCT 24 2005

## TRANSMITTAL LETTER

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

SUBJECT: TROPICAL Travel Marketing 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: LOUIS Quiles  
Name (Printed or typed)

1450 Eden Dr.  
Address

DELTONA FL 32725  
City, State & Zip

321-277-0526  
Daytime Telephone number

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

AV

**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: **TROPICAL Travel marketing INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **1450 eden dr.  
DELTONA FL 32725**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TO market travel**

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): **LOUIS QUILES C.E.O.  
1450 eden dr.  
DELTONA FL 32725**

**ARTICLE VI REGISTERED AGENT**

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

**LOUIS QUILES  
1450 eden dr.  
DELTONA FL 32725**

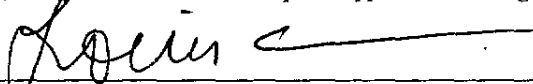
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

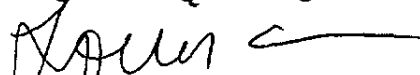
**LOUIS QUILES  
PO Box 4257  
DELTONA FL 32725**

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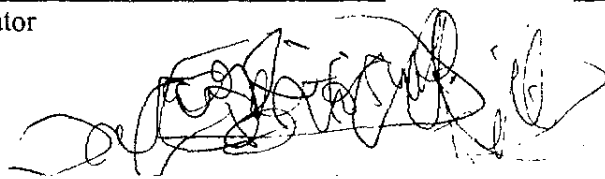
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

**10/21/05**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**10/21/05**  
\_\_\_\_\_  
Date



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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