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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

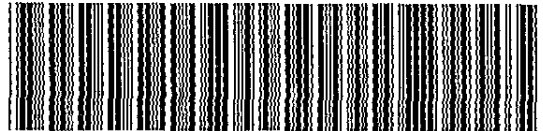
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 DEC 27 AM 9:28
SAC, NEW YORK
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TRANSMITTAL LETTER

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

SUBJECT:

Prepaid Travel, 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:

M. W. Roberts

Name (Printed or typed)

P.O. Box 37917

Address

Jacksonville, FL 32236

City, State & Zip

904-781-8000

Daytime Telephone number

05 DEC 27 AM 9:38
TALLAHASSEE, FL 32314

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: *Prepaid Travel, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *4601-200 Bulls Bay Highway
Jacksonville, FL 32219*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
*MAILING PO Box 37917
Jacksonville, FL 32236
MARKETING Pre Paid TRAVEL*

ARTICLE IV SHARES

The number of shares of stock is: *500*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *M. W. Roberts, Dir, Pres
PO Box 37917
Jacksonville, FL 32236*

ARTICLE VI REGISTERED AGENT

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

*M. W. Roberts
4601-200 Bulls Bay Highway
Jacksonville, FL 32219*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*M. W. Roberts
4601-200 Bulls Bay Highway
Jacksonville, FL 32219*

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

M. W. Roberts ✓

Signature/Registered Agent *M. W. Roberts*

11/01/06 ✓

Date

M. W. Roberts ✓

Signature/Incorporator *M. W. Roberts*

11/01/06 ✓

Date

FILED
5 DEC 27 AM 9:26
CLERK OF DISTRICT COURT
H. SEB. FLO.