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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
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Office Use Only



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SECRETARY OF STATE TALLARY SEE FLORIDA

T. Burch OCT 1.3 2008.

COVER LETTER

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

SUBJECT: MANNA NOIN TRAVEL FINC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
(PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	i a check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
	or continued or carried	a continua copy	& Certificate of		
			Status		
		ADDITIONAL COPY REQUIRED			
FROM: Shella D. CAREY Name (Printed or Avoed)					
Name (Printed or typed)					
D 0 44					
P. O. Box 440721					
Address					
Jackson 11 3222 62					
(909) 703 - 1095 3 Daytime Telephone number					

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



FLORIDA DEPARTMENT OF STATE

Division of Corporations

Output

Division of Corporations

06 OCT 13 PH 12: 50

October 5, 2006

SHEILA D. CAREY PO BOX 440721 JACKSONVILLE, FL 32222-0721

SUBJECT: MAHINA NOIR TRAVEL, INC.

Ref. Number: W06000043858

We have received your document for MAHINA NOIR TRAVEL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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 Filing Section

Letter Number: 806A00059150

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: Mahina Noir Travel, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7580 Somerton Drive Jacksonville, FL 32210

Mailing Address is:

Mahina Noir Travel, Inc. PO Box 440721 Jacksonville, FL 32222-0721

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is: To provide travel services by navigating multiple travel options.

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):
Sheila D. Carey—President, 7580 Somerton Dr. Jacksonville, FL 32210
Capricia M. Nixon—Secretary, 7580 Somerton Dr. Jacksonville, FL 32210

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Sheila Carey-7580 Somerton Dr. Jacksonville, FL 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Sheila Carey--7580 Somerton Dr. Jacksonville, FL 32210

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 Date

Signature/Incorporator Date

100eT 2006 Date

Date