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	(Requestor's Name)
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PICK-U	P WAIT MAIL
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	(Business Entity Name)
	(Document Number)
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NUSBON OF COMPENSATION

COVER LETTER

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

SUBJECT: EMPLAIO	Tours In	ic. by Ta	Layara Smy 4	S
(PROPOS	SED CORPORAT	'E NAME - MUST	INCLUDE SUFFIX)	

Enclosed	are an origin	al and one	(1) copy	of the arti	icles of ir	ncorporation	and a check for:

\$70.00 Filing Fee

\$78.75

g Fee Filing Fee & Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Emplaid Towrs, Inc
Name (Printed or typed)
2332 Southampton Rd Address
Jallahassee, Florida 32311 City, State & Zip
850-590-2333
Daytime Telephone number

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

Effective Dote Shall be: 0/01/07 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Tours. Inc by Tatayana Smith PRINCIPAL OFFICE The principal place of business/mailing address is: 2332 Southampton Rd. The purpose for which the corporation is organized is: Travel Consulting - Reterring agent 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): latayana Smith - ownere Director 332 Southampton Rd. Tallahassoe, F1 3231) ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 2332 Southampton Rd Tallahassec 1 Fl 32311 The name and address of the Incorporator is: 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 12)13)06 12/13/06

Signature/Incorporator