

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080000058773)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : CSH SERVICES, LLC

Account Number: I20070000160 (800) 494-3124

: (561)455-9885 Fax Number

FLORIDA PROFIT/NON PROFIT CORPORATION

Your Travel Needs, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

H080000058773

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: YOUR TRAVEL NEEDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4261 VICTORIA LAKES DRIVE WEST JACKSONVILLE, FLORIDA 32226



The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT:

EURACHEL BROWN
4261 VICTORIA LAKES DRIVE WEST
JACKSONVILLE, FLORIDA 32226

H08000005877 3

PAGE 2 YOUR TRAVEL NEEDS, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is

A1A REGISTERED AGENT, INC. 92 SADBERRY RD QUINCY, FLORIDA 32351

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

EURACHEL BROWN 4261 VICTORIA LAKES DRIVE WEST JACKSONVILLE, FLORIDA 32226

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.

GENTING. / Registered Agents Signature

EURACHEL BROWN /Incorporator