# P88880016664

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600117810066

02/13/08--01013--004 \*\*78.75

FILED

1000 FEB 13 A 9: 02

SECRETARY OF STATE

8.15.05

# **COVER LETTER**

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

SUBJECT: Easytravelplans. net, Inc.			
Englosed are an orio	(PROPOSED CORPORA)	TE NAME - MUST INCL	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Ezell Harris  Name  P.O. Box 5550  Orlando Fl	72 Address	
Orlando, Fl 32855.5072 City, State & Zip			

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:

Easytravelplans. net, Inc

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

538 N. Parramore Avenue P.O. Box 555072 Orlando, FL 32855-5072

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity or business permetted under the laws of the United States are the state of

## ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ezell Harris, President 100 N. Goldwyn Avenue P.O. Box 555072 Orlando, FL 32855-5072 FILED

1000 FEB 13 A 9: 02
SECRETARY OF STATE
SECRETARY OF STATE

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Ezell Harris 100 N. GALDWYN EVENUE P.O. BOX 555072 Orlando EL 32855-5072 ARTICLE VIII INCORPORATOR	
The name and address of the Incorporator is:	
Ezell Harris 100 N. GOLDWYN AVENUE P.O. BOX SSSO72 Orlando FI 32855-5072	**********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent	
Sec Have Signature/Registered Agent	2/11/08 Date
Eve Vaires	2/11/08
Signature/Incorporator	Date Date