

P08000002/352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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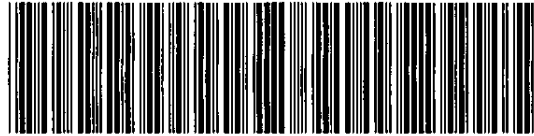
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/12/08--01017--004 **78.75

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08 FEB 25 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

14087822

COVER LETTER

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

SUBJECT: ANTHONY TRAVELS
(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: ANTHONY WILLIAMS
Name (Printed or typed)

4230 SW 50th Circle
Address

DCALA, FL 34474
City, State & Zip

352-208-4727
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2008

ANTHONY WILLIAMS
4230 SW 50TH CIRCL
OCALA, FL 34474

SUBJECT: ANTHONY TRAVELS
Ref. Number: W08000007833

We have received your document for ANTHONY TRAVELS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Articles I-VII.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 008A00009489

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:

Anthony Travels, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4230 S.W. 50th Circle
Ocala, FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell vacation travel packages to
individuals and groups.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anthony Williams, Owner

ARTICLE VI REGISTERED AGENT

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

Anthony Williams
4230 S.W. 50th Circle
Ocala, FL 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anthony Williams
4230 S.W. 50th Circle
Ocala, FL 34474

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

Anthony Williams
Signature/Registered Agent

Anthony Williams
Signature/Incorporator

FILED
08 FEB 25 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/5/08
Date
2/5/08
Date