# 108080043421

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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# **COVER LETTER**

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

SUBJECT: Florida	Forciosure Tours Inc.		·	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the art	ticles 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	
		ADDITIONAL CO	Status PY REQUIRED	
FROM:	Emanue	Printed or typed)	re	
•	1700 W. Une St.			
	Kus 7l-34741			
	40793	y, State & Zip		
Daytime Telephone number				

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:

Florida Forclosure Tours Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1700 W. Vine Street Kissimmee, florida 34741

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Market Forclosed Properties/selling of realestate

## ARTICLE IV SHARES

The number of shares of stock is: 2000 shares

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Emanuel A. Moore, President Hilda R. Garcia Vice-President Lydia Bellido Secretary Treasurer

#### ARTICLE VI REGISTERED AGENT

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

Emanuel A. Moore 1700 W. Vine Street Kissimmee, Florida 34741

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Emanuel A. Moore 1700 W. vine Street Kissimmee, florida 34741

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

Signature/Incorporator

H/25 rev 8

FILED

SECRETARY OF STATE
ALLAHASSEE. FI ORIGA

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