

P08000100673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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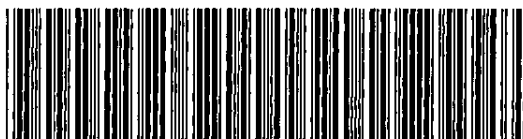
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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:** KUODA TOURS, INC.

(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:** MERY LUZ CALDERON

Name (Printed or typed)

13833 WELLINGTON TRACE #4-SUITE 452

Address

WELLINGTON, FLORIDA 33414

City, State & Zip

561.283.1727

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:

KUODA TOURS, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

13833 WELLINGTON TRACE E4-SUITE# 452  
WELLINGTON, FLORIDA 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRAVEL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000

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

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

MERY LUZ CALDERON  
13833 WELLINGTON TRACE E4-SUITE 3452  
WELLINGTON, FLORIDA 33414

**ARTICLE VI REGISTERED AGENT**

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

MERY LUZ CALDERON  
13833 WELLINGTON TRACE E4-SUITE#452  
WELLINGTON, FLORIDA 33414

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MERY LUZ CALDERON  
13833 WELLINGTON TRACE E4-SUITE#452  
WELLINGTON, FLORIDA 33414

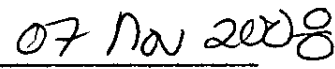

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

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08 NOV 12 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date