P08000103999

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

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TRANSMITTAL LETTER

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

SUBJECT:	Domestication of Business			
Enclosed is an original a	nd one (1) copy of the Certificate of Domestication and a check for: #128.75			
FEES:				
Certificate of Do Articles of Incor Total to domesti	poration and Certified Copy \$78.75			
OPTIONAL:				
Certificate of St	atus \$ 8.75			
FROM:	Lisa Dison Name (printed or typed) 4012 Lemonwood Dr. NEF ORBE Address			
Name (printed or typed) 4012 Lemonwood Dr. Ning				
Address ORF CO				
	Ellenton, FL 34222 N			
	City, State & Zip 941-729-666			
	Daytime Telephone Number			

CERTIFICATE OF DOMESTICATION

. The undersigned.	Lisa Olson	. President ,
0 ,	(Name)	(Title)
of Sim		a foreign corporation,
in accordance with	(Corporation Name) n s. 607.1801, Florida Statutes, does hereby	certify:
1. The date on wl	hich corporation was first formed was \underline{D}	ec. 27, 1996.
2. The jurisdictio	n where the above named corporation was	first formed, incorporated, or otherwise
came into beir	igwas State of New H	-ampshire
_	ne corporation immediately prior to the filin	ng of this Certificate of Domestication
wasS	immons Travel, Inc.	
	ne corporation, as set forth in its articles of	
s. 607.0202 and	d 607.0401 with this certificate is 5 in	imons Travel, Inc.
immediately be	of the corporation, or any other equivalent efore the filing of the Certificate of Domest State of New Hampsh lorida articles of incorporation to complete	tication was
to s. 607.1801.	• •	
Iam <u>Pres</u>	Ison ident, of Simmons Travel	, Inc
and am authorized	to sign this Certificate of Domestication or	n behalf of the corporation and have done
so this the 20 d	lay of <u>November</u>	<u>, 2008</u> .
	Lisa Ol	2000 PALLA SECO.
	(Authorized Signatur	
	Filing Fee: Certificate of Domestication	\$50.00 S50.00 S79.75
	Articles of Incorporation and Certified Total to domesticate and file	Copy <u>\$78.75</u>

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:	nons Travel, Inc.
ARTICLE II PRINCIPAL OFFICE	
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:	4012 Lemonwood Dr. N.
	To Sell Travelland 24 PHI2: 52
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:	To Sall + 10 18 2
	10 Sell Faveri E
	AH O
ARTICLE IV SHARES	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
THE NUMBER OF SHARES OF STOCK IS:	Me - M
/00	
ADVICE IT INVITAL DEPCTODE AND/OD OF	ST 2
ARTICLE V INITIAL DIRECTORS AND/ OR OF THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:	
	d Dr N. Ellenton, FL 34222- President
Richard Olson 4012 Lemonwood	d Dr.N. Ellenton, FL 34222-Secretary
ARTICLE VI INITIAL REGISTERED AGENT	AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT AC	
Lisa Olson 4012 Lemor	wood Dr. N., Ellenton, FL 34222
ARTICLE VII INCORPORATOR	
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Lisa Olson 4012 Lemonwood	1 Dr N. Ellenton, FL 34222
Simmons Travel, Inc.	
**********	*******
Having been named as registered agent and to acc	
STATED CORPORATION AT THE PLACE DESIGNATED IN THE	•
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND A	
Lisallson	11-20-08
Signature/Registered Agent	11-20-08 Date 11-20-08
Tisallom	11-20-08
Signature/Incorporator	Date