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(Requestor's Name)

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(City/State/Zip/Phone #)

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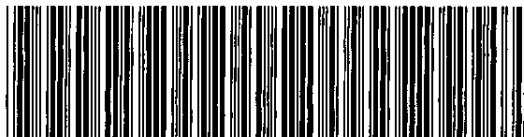
(Business Entity Name)

(Document Number)

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

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2008 DEC -3 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 11 2008

## COVER LETTER

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

**SUBJECT:** CoJo TRAVEL, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**\$122.50**  
Filing Fee &  
Certified Copy

**\$131.25**  
Filing fee,  
Certified Copy  
& Certificate of Status

**FROM:** CODY GILLETTI  
Name (Printed or Typed)

P.O. BOX 2215  
Address

MELBOURNE, FL 32902-2215  
City, State & Zip

(321) 266-1329  
Daytime Telephone Number

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

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit), hereby adopt the following Articles of Incorporation:

### ARTICLE I NAME

*The name of the corporation shall be:*

***CoJo TRAVEL, INC.***

### ARTICLE II PRINCIPAL OFFICE

*The principal place of business/mailing address is:*

#### ***BUSINESS ADDRESS***

***316 PATRICK CIRCLE  
MELBOURNE, FL 32901***

#### ***MAILING ADDRESS***

***P.O. BOX 2215  
MELBOURNE, FL 32902-2215***

### ARTICLE III PURPOSE

*The purpose for which the corporation is organized is :*

***ANY AND ALL LAWFUL BUSINESS PURPOSE***

### ARTICLE IV SHARES

*The number of shares of stock is:*

***10,000 SH    COMMON VOTING STOCK***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**P S T**  
**CODY GILLETTI**  
**P.O. BOX 2215**  
**MELBOURNE, FL 32902-2215**

**VP**  
**JOSEPH A. GILLETTI**  
**P.O. BOX 2215**  
**MELBOURNE, FL 32902-2215**

**ARTICLE VI**  
**REGISTERED AGENT**

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

**CODY GILLETTI**  
**316 PATRICK CIRCLE**  
**MELBOURNE, FL 32901**

**ARTICLE VII**  
**INCORPORATOR**

*The name and address of the Incorporator is:*

**CODY GILLETTI**  
**316 PATRICK CIRCLE**  
**MELBOURNE, FL 32901**

The undersigned Incorporator has executed these Articles of Incorporation on this  
24 day of November, 2008.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMIT'S THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CoJo TRAVEL, INC.  
(must include suffix)

2. The name and address of the registered agent and office is:

CODY GILLETTI  
(Name)

316 PATRICK CIRCLE  
(Address NOT P.O. Box)

MELBOURNE, FL 32902-2215  
(City, State and Zip)

Having been named as registered agent and 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)

11/24/08  
(Date)