

P09000029994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

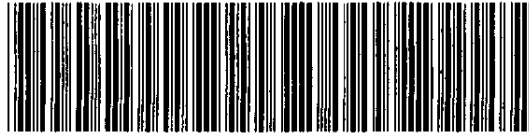
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 2 2009
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COVER LETTER

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

SUBJECT: Your Choice Getaways 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: William Cymbaluk

Name (Printed or typed)

5424 N.E. 2nd Ave.

Address

Ft. Lauderdale, Fl. 33334

City, State & Zip

954 492 3736

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:

Your Choice Getaways Inc.

ARTICLE II PRINCIPAL OFFICE

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

5079 N. Dixie Hwy. ste. 267 Oakland Park Fl. 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100 (one-hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William Cymbaluk 5424 N.E. 2nd Ave. Ft. Lauderdale Fl. 33334 President
Lauderdale Fl.33334 Vice-President

Faith Cymbaluk 5424 N.E. 2nd Ave. Ft.

ARTICLE VI REGISTERED AGENT

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

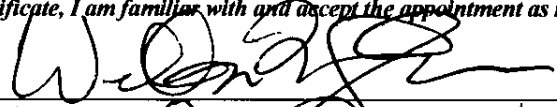
William Cymbaluk 5424 N.E. 2nd Ave. Ft. Lauderdale Fl. 33334

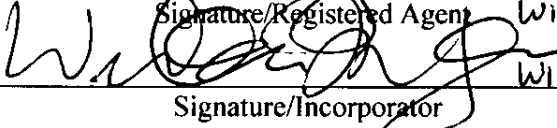
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Cymbaluk 5424 N.E. 2nd Ave. Ft. Lauderdale FL 33334

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 WILLIAM CYMBALUK


Signature/Incorporator WILLIAM CYMBALUK

3-30-2009

Date

3-30-2009

Date

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09 APR -2 AM 9:27
SECRETARY OF STATE
FLORIDA