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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MM TOURS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA**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:

MM TOURS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

900 North Federal Highway, STE 208
Hallandale Beach, FL 33009**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL ACT OR ACTIVITY ALLOWED UNDER THE STATE

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robyn Morse
900 North Federal Highway, STE 208
Hallandale Beach, FL 33009**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robyn Morse, 900 North Federal Highway, STE 208, Hallandale Beach, FL 33009

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Robyn Morse
900 North Federal Highway, STE 208, Hallandale Beach, FL 33009

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

X

Robyn Morse
Signature/Registered Agent

9/2/2010

Date

Robyn Morse
Signature/Incorporator

9/2/2010

Date