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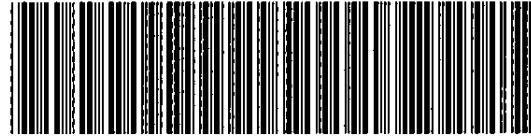
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: Travel Vacation Authority, 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: Arnon Sparenberg  
Name (Printed or typed)

24 Key Haven Rd.  
Address

Key West, FL 33040  
City, State & Zip

305 304 8971  
Daytime Telephone number

fantasyislandtours@gmail.com  
E-mail address: (to be used for future annual report notification)

**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:

Travel Vacation Authority, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

523 Park Drive  
Key West, FL  
33040

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sales

**ARTICLE IV SHARES**

The number of shares of stock is:

999

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

Name and Title: Sandra Underwood (Pres)

Address: 523 Park Ave.  
Key West, FL  
33040

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Vitaly Ustalov (Secretary)

Address: 3314 Northside Dr.  
Key West, FL  
33040

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Aaron Sparenberg (Vice-Pres)

Address: 24 Key Haven Rd  
Key West, FL  
33040

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Sandra Underwood

Address: 523 Park Ave.  
Key West, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Aaron Sparenberg

Address: 24 Key Haven Rd  
Key West, FL 33040

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

Sandra Underwood  
Required Signature/Registered Agent

5/27/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

5/27/11  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA