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COVER LETTER

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

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SUBJECT: Tours of Joy, Inc. (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIN</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

✓ \$70.00 Filing Fee

Filing Fee
 & Certificate of Status

\$78.75

[] \$78 75	r===⊐\$87.50
\$78.75 Filing Fee	\$87.50 Filing Fee.
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL C	OPY REQUIRED

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:

FROM: Aviva Samuels

Name (Printed or typed)

14545-J Military Trail #126	
Address	SE DE
Delray Beach, FL 33484	
City. State & Zip	29
561-213-5501	<u>.</u> = 17
Daytime Telephone number	
aviva@kisstheplanner.com	

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 Tours of Joy, Inc.

The name of the corporation shall be:

ARTICLE II **PRINCIPAL OFFICE**

Principal street address 14545-J Military Trail #126 Deiray Beach, FL 33484

ARTICLE III PURPOSE

the purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Titl Address:		Name and Title:Address:
Name and Titl Address:	e:	Name and Title:
Name and Titl Address:	c:	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: David B. Goldman Esg. Address: 1300 Park of Commerce Blvd.#273 Delray Beach, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Name: Aviva Samuels Address: 14545-J Military Trail #126 Delray Beach, FL 33484

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

Required Signature/Registered Agent 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 the Department of State crynstitutes a third degree felony as provided for in s.817.155, F.S.

How for Required Signature/Incorporator Avivá Samuels

Mailing address, if different is: