





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2011

JULIE A JOHNSON  
4606 S CLYDE MORRIS BLVD, SUITE 1P  
PORT ORANGE, FL 32129

SUBJECT: SMART TRAVEL & INCENTIVES, INC.  
Ref. Number: W11000044758

We have received your document for SMART TRAVEL & INCENTIVES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 111A00020112

**COVER LETTER**

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

**SUBJECT: Smart Travel & Incentives, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Julie A. Johnson  
Name (Printed or typed)

4606 S. Clyde Morris Blvd., Suite 1E  
Address

Port Orange, Florida 32129  
City, State & Zip

386 756-1300  
Daytime Telephone number

Julie@traveltri.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** Smart Travel & Incentives, Inc.  
The name of the corporation shall be:

11 SEP -7 AM 11:20

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
4606 S. Clyde Morris Blvd.  
Suite 1E  
Port Orange, FL 32129

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To run a full service Travel Agency

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: Julie A. Johnson President Name and Title: \_\_\_\_\_  
Address: 4606 S. Clyde Morris Blvd. Address: \_\_\_\_\_  
Suite 1E \_\_\_\_\_  
Port Orange, FL 32129 \_\_\_\_\_

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

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

**ARTICLE VI REGISTERED AGENT**

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

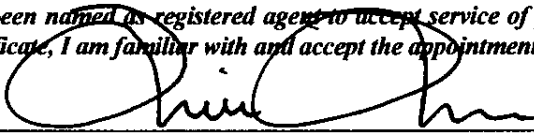
Name: Julie A. Johnson  
Address: 4606 S. Clyde Morris Blvd., Suite 1E  
Port Orange, FL 32129

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Julie A. Johnson  
Address: 4606 S. Clyde Morris Blvd., Suite 1E  
Port Orange, FL 32129

*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*

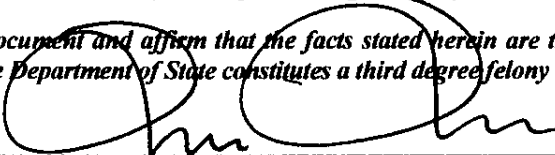


Required Signature/Registered Agent

8/25/11

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.*



Required Signature/Incorporator

8/25/11

Date