

P110000 960 35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500209665995

07/11/11--01018--009 \*\*70.00

FILED

11 NOV -3 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/12

96

W11000036683

**Traveler's Gift Vacations, Inc.  
272 South Summit Ridge Road  
Saluda, NC 28273**

**305.796.9584**

October 31, 2011

Florida Department of State  
Attn: Ms. Jessica Fason  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document Number: W11000036683

Dear Ms. Fason:

Thank you for your recent assistance with respect to the above filing. As instructed, we have enclosed a separate cover letter addressed to the New Filing Section along with the executed Articles of Incorporation for Traveler's Gift Vacations, Inc. The articles now include the number of authorized shares. We kindly ask that the filing be completed as soon as possible.

Should you have any questions, please contact our C.P.A., Maria Perez-Abreu, at 786.423.7872 or me at 305.796.9584.

Sincerely,



Tania M. Martin  
President

FILED  
11 NOV -3 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

Document Number W 110000 36683

SUBJECT: Traveler's Gift Vacations, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

*Paid 7/12/2011*

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: Tania M. Martin

Name (Printed or typed)

272 South Summit Ridge Road

Address

Saluda, NC 28273

City, State & Zip

305.796.9584

Daytime Telephone number

tmartin@travelersgift.org ✓

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 NOV -3 AM 10:28  
DIVISION OF CORPORATIONS

July 12, 2011

TRAVELER'S GIFT VACATIONS, INC.  
6039 COLLINS AVE UNITE #1530  
MIAMI BEACH, FL 33140

SUBJECT: TRAVELER'S GIFT VACATIONS, INC.  
Ref. Number: W11000036683

We have received your document for TRAVELER'S GIFT VACATIONS, INC. and your check(s) totaling \$78.75. 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) 245-6995.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 511A00016523

# 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:

The Traveler's Gift Vacations, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
272 South Summit Ridge Road  
Saluda, NC 28273

Mailing address, if different is:

## 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: 1,000 (one thousand) shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tania M. Martin, President  
Address: 272 South Summit Ridge Road  
Saluda, NC 28273

Name and Title: Sarah Wauterlek  
Address: 11969 Kiowa Ave #5  
Los Angeles, CA 90049

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

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

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

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: Tania M. Martin  
Address: 3470 NW 82 Avenue, Suite 988  
Doral, FL 33122

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tania M. Martin  
Address: 272 South Summit Ridge  
Saluda, NC 28273

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

Tania Martin  
Required Signature/Registered Agent

10/24/2011

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.

Tania Martin  
Required Signature/Incorporator

10/24/2011

Date

FILED  
11 NOV - 3 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA