

P12000001592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

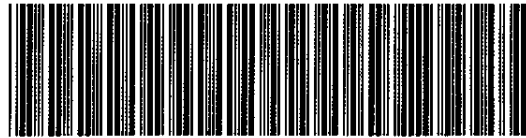
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000215638120

000215638120
12/30/11--01037--016 **87.50

FILED
2011 DEC 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 06 2012

COVER LETTER

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

SUBJECT: **TRAVEL SERVICES GROUP 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: **GENE RELIFORD**

Name (Printed or typed)

703 N 59 AVE

Address

HOLLYWOOD FL 33021

City, State & Zip

786-344-8953

Daytime Telephone number

GRELIFORD123@YAHOO.COM

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

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

2011 DEC 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 SERVICES GROUP INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
703 N 59TH AVE
HOLLYWOOD FL 33021

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
THIS IS A FOR PROFIT CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **GENE RELIFORD PRESIDENT**
Address: **703 N 59 AVE**
HOLLYWOOD FL 33021

Name and Title: _____
Address: _____

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: **GENE RELIFORD**
Address: **703 N 59 AVE**
HOLLYWOOD FL 33021

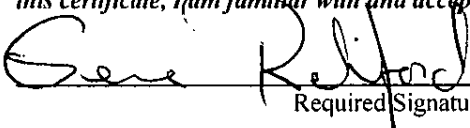
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **GENE RELIFORD**
Address: **703 N 59 AVE**
HOLLYWOOD FL 33021

FILED
2011 DEC 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

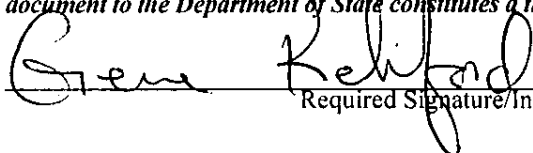


Required Signature/Registered Agent

12-26-11

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

12-26-11

Date