

**P/2000023009**

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
Property People Travel, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**COVER LETTER**

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

**SUBJECT:** Property People Travel, 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:** CT Corporation System

Name (Printed or typed)

515 East Park Avenue

Address

Tallahassee, FL 32301

City, State & Zip

850-222-1092

Daytime Telephone number

danielboyar@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: Property People Travel, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7575 Kingspointe Parkway  
Suite 21  
Orlando, FL 32819-8508

Mailing address, if different is:  
7575 Kingspointe Parkway  
Suite 21  
Orlando, FL 32819-8508

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful act or activity.

**ARTICLE IV SHARES**

The number of shares of stock is: One Hundred (100) Common Shares without par value.

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

Name and Title: <u>David LaFrain, President, Secretary, Director</u>	Name and Title: _____
Address: <u>7575 Kingspointe Parkway</u>	Address: _____
<u>Suite 21</u>	_____
<u>Orlando, FL 32819-8508</u>	_____

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: CT Corporation System  
Address: 1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Madonna Cuddihy  
Address: 1200 S. Pine Island Road, Suite 250  
Plantation, FL 33324

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  
CT Corporation System

By: Madonna Cuddihy **Madonna Cuddihy** 03/06/2012  
Required Signature/Registered Agent **Special Assistant Secretary** 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.

Madonna Cuddihy 03/06/2012  
Required Signature/Incorporator Date  
Madonna Cuddihy

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