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(Requestor's Name)	11 11 11 11 11 11 11 11 11 11 11 11 11
(Address)	
(Address)	
(City/State/Zip/Phone #	·)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
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SECUL TRANSPORTATIONS
STUDION OF DEPARTMENT AND ASSESSMENT ASSESSM

\$7/2 S1700035304

COVER LETTER

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

SUBJECT: DUMESTICATION
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for
FEES:
Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75
OPTIONAL:
Certificate of Status \$ 8.75 Lynna C- Bell Name (printed or typed)
16 ocean STREET Address
[ALM COAS: FL 32137 City, State & Zip
808 398-6980 Daytime Telephone Number
E-mail address: (to be used for future annual report notification)



RECEIVED

12 JUL 13 PM 2:59

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 2, 2012

LYNDA C. BELL 16 OCEAN ST PALM COAST, FL 32137

SUBJECT: TRAVELYNDA INC Ref. Number: W12000035304

We have received your document for TRAVELYNDA INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 112A00017918

CERTIFICATE OF DOMESTICATION

Th	e undersigned,	Lywon (Name)	2. BEC	.c. Pre	5100NT		
		(Name)		7	(Title)		
		Avelywog (Corporation Name	•		a foreign	orpor	ation,
in .	accordance with s.	607.1801, Florida Sta	atutes, does he	reby certify:			
1.	The date on which	h corporation was firs	t formed was	JANHARY	1157	<u>, 20</u>	<u>1 O</u> .
2.		was State					
3.		corporation immediate		filing of this C			
4.		corporation, as set for					
	s. 607.0202 and 6	07.0401 with this cer	tificate is	PRAVELYM	VOA IN	C	
5.	administration of immediately befo	the constituted the sea the corporation, or an re the filing of the Ce	y other equivantificate of Do	alent jurisdiction mestication was	n under applica		
6.	Attached are Flor to s. 607.1801.	ida articles of incorpo	oration to com	plete the domes	tication require	ments p	ursuant
I a	m Presiden	7 , of	VELYNOA	INC			
and	d am authorized to	sign this Certificate of	of Domesticati	on on behalf of	the corporation	and ha	ve done
so	this the A day	of JUNE o	2017				·
		Signelle (A	2 uthorized Sign	ee/ nature)	·····	12 JUL 3 PH	STAN STAN
			Filing Fee			-	
	C	Certificate of Domest	_	•	\$ 50.00	<u>~</u>	
		articles of Incorporational to domesticate a		ified Copy	\$ 78.75 \$128.75		

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

1 II COM BEINGE WITH CHEETEN COT, 1 to.	
ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE:	
TRAVELYNDA INC	
ARTICLE II PRINCIPAL OFFICE	
THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:	
16 OCEAN STREET	
PACM COAST FL 32137	
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:	
TRAVEL SALES, INDEPENDENT TRAVER CONSULT.	ANT
ARTICLE IV SHARES	
THE NUMBER OF SHARES OF STOCK IS:	
1,000	
1,000	
ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS	
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:	ట క్ల్లా
LYNDA C. BEZL	P
	T 35
16 OCEAN ST PALH COAST FC 32137	
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS	[**
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT	IS:
LYNDA C. BELL	
16 OCEAN ST	
PARM COAST FZ 32137	
ARTICLE VII INCORPORATOR	
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Lynda C. Betc	
16 OCEAN ST	
PALM COAST FC 32137	****
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE	E ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WIT	I'H AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.	
Kyrel Bell 6/22/17	2
Signature/Registered Agent Date/	
Levele 1 1001	7
Signature/Incorporator Date	<u> </u>