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13 JAN -7 PH 12: 53

PS1/1/3

COVER LETTER

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

SUBJECT:	ATLAS	GLOBAL	TRAVEL,	INC.
	(PRO	POSED CORPORA	TE NAMË – <u>MUST I</u>	NCLUDE SUFFIX)
Enclosed are an	original and one	(1) copy of the art	icles of incorporation	n and a check for:
\$70.00 Filing Fe	\$78.75 Filing Fed & Certific	e cate of Status	\$78.75 Filing Fee & Certified Co	\$87.50 Filing Fee, py Certified Copy & Certificate o Status L COPY REQUIRED
FROM:	CHR	ES BE		
	8519		e (Printed or typed) ROSE D	RIVE
	· · · · · · · · · · · · · · · · · · ·		Address	
	DRLAN	Do, FL City	32818	
	321-	800- 6	, State & Zip 764	
		Daytime	Telephone number	COM
-			ed for future annual re	

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

ARTICLES OF INCORPORATION

SECRETALI

		phance with C	napter 607 and/	or Chapi	er 621, r.	5. (Prom)	DIAISION OLI	Y STATE	
ARTICLE I NA The name of the corpo	AME ration shall be:	ATLAS	GLOBAL	L TR	AVEL,	INC.	13 JAN -7		
ARTICLE II PI	RINCIPAL OF.		, ,		,		is only	11112-23	
Principal street address 8519 WHITE ROSE DRIVE				Mailing address, if different is:					
<u>. 6</u> .	<u>219 WHIT</u> RLANDO, A	L 32816	<u>KIVË</u>	_	- SAME AS PEJWEIPHL -				
	<u> </u>			_			1		
ARTICLE III PU The purpose for which		n is organized i	s:						
TRAVEL AG	ency ·								
	HARES								
The number of shares	of stock is:								
ARTICLE V IN Name and Title:	TIAL OFFIC			_	and Title				
	8519 WHJ	TTE ROSE	DEIVE					-	
	ORIANDO	, FL 329	3/8	-	_				
•				-	-				
Name and Title: Address:				Name	and Title:_				
Address:				_ Addres	·s				
				-	-				
Name and Title:				Name	and Title:				
Address:				_ Addres	ss: _			·	
				-	_				
ARTICLE VI RE	GISTERED A			-					
The name and Florida	a street address	(P.O. Box NO 1	r acceptable) of	the regist	tered agent	t is:			
Name:	CHRES	BCEKIE HITE Rose	107.15	-					
Address:		of 328		-					
ADMINI D IIII IN				-					
ARTICLE VII IN The name and addres	ICORPORATO								
Name:	CHRIS	BELLIE_		_					
Address:	DRIAND	WHITE ROS	<u>v Jetvě</u>	-					
		•		-					
Having been named a this certifi c ate, I am fa								designated in	
inis certificate, i um ja 1 1	imuuar wun ana N	ассері іне арро	oinimeni as regi	istereu ug	eni ana aj	gree to act tr	i inis cupacity		
Clerk	Beri						1/2/13		
	Required S	ignature/Registe	ered Agent				Date		
I submit this docume	nt and affirm tl	rat the facts sto	ated herein are	true. I a	m aware i	that the fals	se information s	ubmitted in a	
document to the Depa	rtment of State of	constitutes a thir	rd degree felony	y as provi	ided for in	s.817.155, 1	F.S.		
Clerk	12.						1/2/1	3	
	Required	Signature/Inco	rporator				Da	te	
	1	-	-						