

P13000009988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

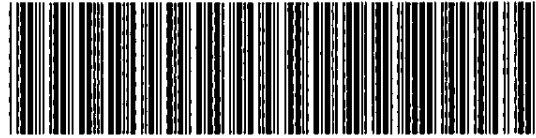
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700244127477

02/01/13--01001--008 **70.00

FILED
2013 JAN 31 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 JAN 31 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/31
86

COVER LETTER

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

SUBJECT: Luxury Cruise & 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Luxury Cruise & Travel Inc.
Name (Printed or typed)

185 Old Nails Rd
Address

Crawfordville, FL 32327
City, State & Zip

850-556-9881
Daytime Telephone number

luxurycruiseandtravel@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: Luxury Cruise & Travel Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

185 Old Nails Rd

Crawfordville, Fl 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a for profit corporation, engaged in selling products and services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda Carter

Address: 193 Old Nails Rd
Crawfordville, Fl 32327
president, treasurer

Name and Title: Laurie Smith

Address: 21175 Tomball Pkwy #149
Houston, Tx 77070
vice president, secretary

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

13 JAN 31 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FL 32301

(cont.)

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: Linda Carter
Address: 193 Old Nails Rd
Crawfordville, FI 32327

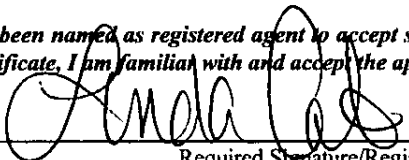
FILED
13 JAN 31 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

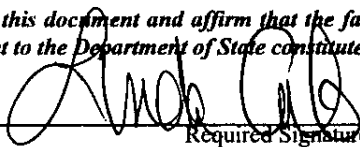
Name: Linda Carter
Address: 193 Old Nails Rd
Crawfordville, FI32327

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

1-29-13
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

1-29-13
Date