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 Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
 Account Number : I20000000257
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 Fax Number : (850) 222-1222

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 13 JUL 31 PM 12: 07
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 TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Silver Wings Special Needs Travel, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
 13 JUL 31 AM 10: 58
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

K 08/01/13

COVER LETTER

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

SUBJECT: Silver Wings Special Needs 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: Michael Hogg

Name (Printed or typed)

8711 Betty Street

Address

Port Richey, FL 34668

City, State & Zip

727-236-8527

Daytime Telephone number

HoggM@DeenaBalogh.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: Silver Wings Special Needs Travel, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 8711 Betty Street
Port Richey, FL 34668
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: All lawful purposes.

ARTICLE IV SHARES
The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Hogg, President and Treasurer Name and Title: _____
Address: 8711 Betty Street Address: _____
Port Richey, FL 34668 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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(cont.)

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: Michael Hogg
 Address: 8711 Betty Street
Port Richey, FL 34668

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Jeff Albinson
 Address: 201 North Armenia Avenue
Tampa, FL 33609

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 willing with and accept the appointment as registered agent and agree to act in this capacity.

Michael Hogg

Required Signature/Registered Agent

7/30/2013

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.

Jeff Albinson

Required Signature/Incorporator

7-30-13

Date