

P130000076949

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 SEP 16 PM 3:34

SEP 16 2013

1/4

**COVER LETTER**

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

**SUBJECT: COSMOPOLITAN TRAVEL SERVICES, 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: CARLO D'ALESSANDRO**  
Name (Printed or typed)

**22313 MACK AVENUE**  
Address

**ST. CLAIR SHORES, MI 48080**  
City, State & Zip

**(800) 633-4087**  
Daytime Telephone number

**CARLO@CTSFARES.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)

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SECRETARY OF STATE  
DIVISION OF CORPORATION

**ARTICLE I NAME**

The name of the corporation shall be: COSMOPOLITAN TRAVEL SERVICES 243 SEP 16 PM 3:34

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

22313 MACK AVENUE  
ST CLAIR SHORES MI 48080

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TRAVEL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 60,000

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

Name and Title: MIKE MELHEM, PRESIDENT Name and Title: \_\_\_\_\_

Address: 22313 MACK AVENUE Address: \_\_\_\_\_  
ST CLAIR SHORES, MI 48080

Name and Title: ELIAS MELHEM, TREASURER Name and Title: \_\_\_\_\_

Address: 22313 MACK AVENUE Address: \_\_\_\_\_  
ST CLAIR SHORES, MI 48080

Name and Title: MIKE MELHEM, JR, SECRETARY Name and Title: \_\_\_\_\_

Address: 22313 MACK AVENUE Address: \_\_\_\_\_  
ST CLAIR SHORES, MI 48080

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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:

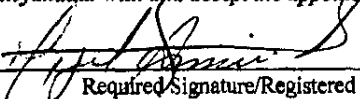
Name: MIGUEL ANSSUINI  
Address: 3300 NE 191 STREET, #411  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

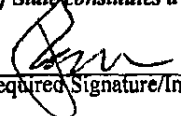
Name: JOHN TANGALOS, CPA  
Address: 43455 SCHOENHERR, #10  
STERLING HTS, MI 48313

*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

09/11/2013  
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.*

  
Required Signature/Incorporator

9-11-13  
Date