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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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URG.

**COVER LETTER**

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

**SUBJECT: FLORIDA EXPRESS JET 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: Jennifer L. Phillips  
Name (Printed or typed)

1620 SW 5th St.  
Address

Ft.Lauderdale, Fl. 33312  
City, State & Zip

(662) 312-7367  
Daytime Telephone number

jenn@floridaexpressjet.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: FLORIDA EXPRESS JET TRAVEL, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1620 SW 5TH STREET  
FT. LAUDERDALE, FL. 33312  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: GENERAL CORPORATE PURPOSES AND FOR THE SALE OF TRAVEL IN THE State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: Jennifer L. Phillips, VP  
Address: 1620 SW 5th St  
Ft. Lauderdale, Fl 33312

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Jeffrey R. Thompson  
Address: 1620 SW 5th St.  
Ft. Lauderdale, Fl 33312

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Bryan M. Thompson  
Address: 390 Carronade Way  
Arnold, Md. 22102

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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:

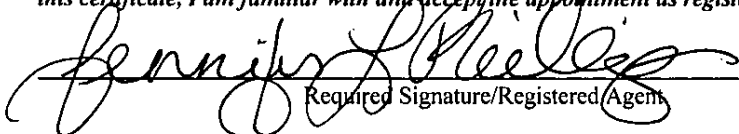
Name: Jennifer L. Phillips  
 Address: 1620 SW 5th St.  
Ft.Lauderdale, Fl 33312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

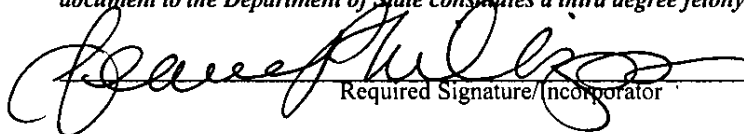
Name: Jennifer L. Phillips  
 Address: 1620 SW 5th St.  
Ft.Lauderdale, Fl. 33312

*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

17 Sep 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

17 Sep 13  
 \_\_\_\_\_  
 Date

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