

PI3000090411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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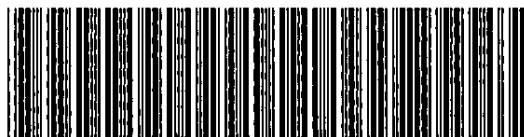
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 NOV -4 AM 11:20

1/H

COVER LETTER

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

SUBJECT: Take Off Travel Solutions 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: Iris D. Lombardo

Name (Printed or typed)

20000 East Country Club Drive #410

Address

Aventura Florida 33180

City, State & Zip

786-218-0061

Daytime Telephone number

Takeofftravelolutions@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: Take Off Travel Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14820 SW 35 Street

same

Miami Florida 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and Lawful Business

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Taina Martinez Torres President

Name and Title: _____

Address: 14820 SW 35 Street
Miami Florida 33185

Address: _____

Name and Title: Iris D. Lombardo VP

Name and Title: _____

Address: 20000 East Country Club Drive #410
Aventura Florida 33180

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: **2013 NOV -4 AM 11:20**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Iris D. Lombardo
Address: 20000 east Country Club Drive #410
Aventura Florida 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Iris D. Lombardo
Address: 20000 East Country Club Drive #410
Aventura Florida 33180

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

Iris D. Lombardo
Required Signature/Registered Agent

10/23/2013
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.

Iris D. Lombardo
Required Signature/Incorporator

10/23/2013
Date