

P140000121986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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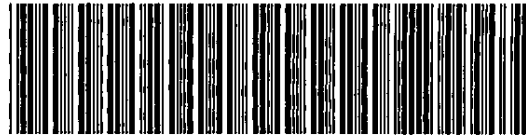
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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.COVER LETTER

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

SUBJECT: FLY AWAY TRAVEL & TOURS, 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: ISABEL C. MENDEZ
Name (Printed or typed)

9360 SW 72 AVE # 225
Address

MIAMI FLORIDA 33173
City, State & Zip

305-984-1396
Daytime Telephone number

isa0109@aol.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: FLY AWAY TRAVEL & TOURS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9360 SW 72 AVE #225

MIAMI, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AIR, CRUISE AND TOURS SELLING ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISABEL C. MENDEZ Name and Title: PRES, TREAS, SEC

Address: 9360 SW 72 AVE #225 Address:
MIAMI FL. 33173

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: FEDERICO GONZALEZ, CPA.

Address: 1701 SW 98 AVE
MIAMI FL. 33167

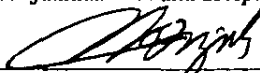
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ISABEL C. MENDEL

Address: 9360 SW 72 AVE #225
MIAMI FL. 33173

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

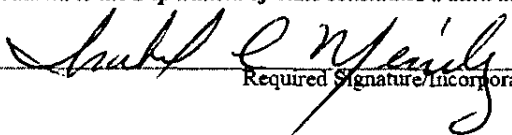


Required Signature/Registered Agent

1/5/2014

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

02/10/14

Date