

PI4 000075267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

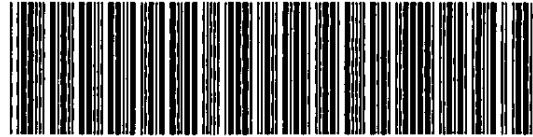
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/14--01006--007 **78.75

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DIVISION OF CORPORATE AFFAIRS

B9/11/14

COVER LETTER

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

SUBJECT: **Travel Choices, 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: **Peter Stassun**

Name (Printed or typed)

10330 NW 12 Place

Address

Plantation, FL 33322

City, State & Zip

9548731632

Daytime Telephone number

TravelChoicesInc@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: Travel Choices, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10330 NW 12 Place
Plantation, Fl 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Seller of travel, travel packages, and travel accessories

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Stassun, President/Director

Name and Title: _____

Address: 10330 NW 12 Place
Plantation, Fl 33322

Address: _____

Name and Title: Peter Stassun, Secretary/Director

Name and Title: _____

Address: 10330 NW 12 Place
Plantation, Fl 33322

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

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: Peter Stassun
Address: 10330 NW 12 Place
Plantation, FL 33322

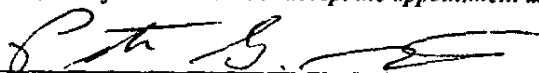
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DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter Stassun
Address: 10330 NW 12 Place
Plantation, FL 33322

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

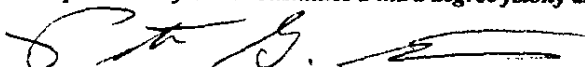


Required Signature/Registered Agent

9/8/2014

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

9/8/2014

Date