

P14 000088437

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC  
Account Number : I201100C0067  
Phone : (786) 362-0124  
Fax Number : (786) 620-2583

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**LT'S GO CUBA TRAVEL INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

**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: LT'S GO CUBA TRAVEL INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5755 W FLAGLER ST SUITE 103

MIAMI, FL 33144

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: P OSMAY, ZAMORA

Address: 5755 W FLAGLER ST. SUITE 103  
MIAMI, FL 33144

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

Address: \_\_\_\_\_

Name and Title: VP GUILLERMO, SONDON

Address: 5755 W FLAGLER ST. SUITE 103  
MIAMI, FL 33144

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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(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: OSMAY, ZAMORA  
Address: 5755 W FLAGLER ST. SUITE 103  
MIAMI, FL 33144

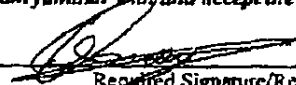
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OSMAY, ZAMORA  
Address: 5755 W FLAGLER ST. SUITE 103  
MIAMI, FL 33144

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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

10-29-14  
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

10-29-14  
Date



October 28, 2014

FLORIDA DEPARTMENT OF STATE

ALLSTATE MEDICAL CONSULTING, INC. Division of Corporations

SUBJECT: LT'S GO CUBA TRAVEL INC  
REF: W14000065392

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please list the First and then Last name for Article V-VII.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H14000250281  
Letter Number: 214A00023047

P.O BOX 6327 - Tallahassee, Florida 32314