

09/17/2032 05:54

#4091 P.001/003

PH000090913

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000259559 3)))



H1400025955934BC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

St. JUDE GLOBAL VACATIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
14 NOV -6 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H14000259559

ARTICLE I NAMEThe name of the corporation shall be: St. Jude Global Vacations, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1986 Opa Locka Blv117 NW 42 Ave # 914Opa Locka, Fl 33054Miami, Fl 33126**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To Sales Vacations Packages and Travel Tickets**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Daniel Rivero (Pres.)Name and Title: Sonla M. Ramirez-Baez (V.P)Address 117 NW 42 AVE # 914Address: 117 NW 42 Ave # 914MIAMI, FL 33126Name and Title: Guillermo A Calero (Sec)Name and Title: Miriam B Calero (Sec)Address 34429 SW 187 WAYAddress: 34429 SW 187 WAYHOMESTEAD, FL 33034HOMESTEAD, FL 33034

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

H14000259559

(cont.)

H14000259559

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DANIEL RIVERO
Address: 117 NW 42 AVE # 914
MIAMI, FL 33126

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DANIEL RIVERO
Address: 117 NW 42 AVE # 914
MIAMI, FL 33126

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

11/05/2014

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.

X 
Required Signature/Incorporator

11/05/2014
14:14:20
PM
11/05/2014

H14000259559