

11/11/2014

Division of Corporations

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 : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305) 407-1438
Fax Number : (305) 397-1003

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Protocolo Tours, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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14 NOV 12 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations

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COVER LETTER

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

SUBJECT: Protocolo 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
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: Roark R. Monahan

Name (Printed or typed)

Monahan - Mijares CPA, PA

Address

75 Valencia Avenue, St 703

City, State & Zip

Coral Gables, FL 33134

Daytime Telephone number

elismor.castillo@mma.com.ve

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:

Protocolo Tours, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address**75 Valencia Avenue, St 703
Coral Gables, FL 33134**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tourism Agency Services and any other lawful business.**ARTICLE IV SHARES**

The number of shares of stock is:

10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Ricardo Rojas- Director/ President / Treasurer**Address: **75 Valencia Avenue, St 703
Coral Gables, FL 33134**Name and Title: **Enrique Urdaneta- Director/VP/Secretary**Address: **75 Valencia Avenue, St 703
Coral Gables, FL 33134**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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:

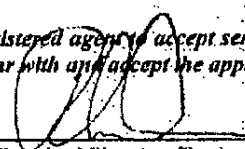
Name: Roark R. Monahan
Address: 75 Valencia Avenue, St 703
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

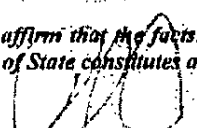
Name: Roark R. Monahan
Address: 75 Valencia Avenue, St 703
Coral Gables, FL 33134

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 Agent11/07/2014
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/Incorporator11/07/2014
Date

FILED
14 NOV 12 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA