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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

11-26-14

NAME:

EDEN TRAVEL, INC.

TYPE OF FILING: ARTICLES OF INCORPORATION

cost: 78.75 certified copi

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ACCOUNT: FCA00000015

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## **COVER LETTER**

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

SUBJECT: Eder	n Travel, Inc.				
<u> </u>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:		
☐ \$70.00 Filing Fed	•	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status OPY REQUIRED		
FROM:	Peretz Chesal & Herrmann, P.L.	·			
TROM.	Name	e (Printed or typed)			
;	2 South Biscayne Blvd., Suite 3700				
-		Address			
	Miami, Florida 33131				
City, State & Zip					
	(305) 341-3000				
-	Daytime T	elephone number			
I	mchesal@pch-lplaw.com				
-	E-mail address: (to be use	d 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)

TCLE II PRINCIPAL OFFICE Principal street address	<del>-</del>	ress, if different is:
uth Biscayne Blvd., Suite 3700, Miami, Fl		<del></del>
		<b>3</b>
TICLE III PURPOSE purpose for which the corporation is organi	ized is:	2.7 2.7 2.7
		3
		TAI ORIDA
ICLE IV SHARES 1,000 umber of shares of stock is:		
ICLE V INITIAL OFFICERS AN	D/OR DIRECTORS	
	D/OR DIRECTORS  Name and Title:	
ICLE V INITIAL OFFICERS AN	D/OR DIRECTORS	
ICLE V INITIAL OFFICERS AN	D/OR DIRECTORS  Name and Title:	
ICLE V INITIAL OFFICERS AND Name and Title:  Address	D/OR DIRECTORS  Name and Title:	
Name and Title:  Name and Title:  Address  Name and Title:	Name and Title:   Address:   Name and Title:   Address:    Address:	
Name and Title:  Address  Name and Title:  Address	Name and Title: Address:   Name and Title: Address:   Name and Title:   Address:   Address:	
Name and Title:  Address  Name and Title:  Address	Name and Title: Address:   Name and Title: Address:   Name and Title:   Address:   Address:	

Name	and Title:	Name and Title:
Addre	ess	Address:
ARTICLE VI	<u></u>	
The name and	Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	NRAI Services, Inc.	_
Address:	1200 South Pine Island Road	
	Plantation, FL 33324	74 M
ARTICLE VI	I INCORPORATOR	NOV 26
The name and	address of the Incorporator is:	
Name:	Pavid Goldwasser	
Address:	c/o Peretz Chesal & Herrmann, P.L.	24 ALE RIO.
	2 S. Biscayne Blvd., Ste. 3700, Miami, FL	P
	33131	
Having been no this certificate,	I am familiar/with and acceptythe appointment as reg	for the above stated corporation at the place designated in distered agent and agree to act in this capacity
Ву:	MRAI Services Inc.	11/26/14
	Required Signature/Registered Agent	Date
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the faise information submitted in a y as provided for in s.817.155, F.S.
	becoli biling	11/25/2014
David Goldv	wasser Required Signature/Incorporator	Date