

P15000038351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

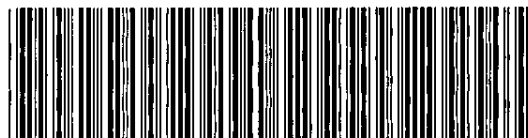
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Bob Aloisio

Facsimile transmittal

To: **FL Dept of State ATTN GINA MCCLOUD**

Fax: **(813) 867-7188**

From: **Bob Aloisio**

Date: **4/29/2015**

Re: **Easy Breezy Cruises Inc.**

Pages: **3**

Cc: **[Name]**

☐ Urgent

☐ For review

☐ Please comment

☐ Please reply

☐ Please recycle

Hey Gina,

Thanks for taking care of this.

Bob

Confidential

COVER LETTER

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

SUBJECT: Easy Breezy Cruises 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: Robert Aloisio
Name (Printed or typed)

5040 SUN MEADOW CT
Address

Wesley Chapel, FL 33545
City, State & Zip

813 606 4885
Daytime Telephone number

Robert.aloisio@CruisePlanners.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 NAMEThe name of the corporation shall be: Easy Breezy Cruises Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
5040 Sun MEADOW Court
Wesley Chapel, FL 33545

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: A TRAVEL AGENCY**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Robert Aloisio

Address:

President
5040 Sun MEADOW Ct
Wesley Chapel, FL 33545Name and Title: Robin Aloisio

Address:

Vice President
..
..

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 31 PM 12:27

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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: _____

Robert Aloisio

Address: _____

5040 SW MEADOW C.
Wesley Chapel, FL 33545**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: _____

Robert Aloisio

Address: _____

5040 SW MEADOW C.
Wesley Chapel, FL 33545**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

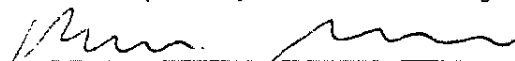
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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

4/29/15

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

4/29/15

Date