P15000045302

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.

(((H15000122296 3)))

H15000122296 3ABC

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 : I20000000019
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: _____

15 MAY 20 PM 2:29

FLORIDA PROFIT/NON PROFIT CORPORATION
CUBA TRAVEL & BUSINESS BUREAU CORP.

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

15 MAY 20 PM 4:23

RECEIVED

Electronic Filing Menu | Corporate Filing Menu | Help

H15000122296

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: Cuba Travel & Business Bureau CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

847 Brickell Avenue
Suite 1138
Miami, Fl 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Travel

15 HAY 20 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500 AT $5.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

H15000122296

(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: Mann Fernandez

Address: 848 Brickell Avenue, Suite 1130
Miami, Fl 33131

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mann Fernandez.

Address: 848 Brickell Avenue, Suite 1130
Miami, Fl 33131

15 MAY 20 PM 2:29

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 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 Date