

P15000047694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

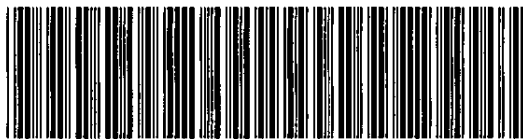
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Certified Copies _____

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FILED
15 MAY 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 29 15 9

COVER LETTER

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

SUBJECT: Cruise Planners Club, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Magdaline Wise
Name (Printed or typed)

9113 Ridge Road Ste 22
Address

New Port Richey, Fl 34654
City, State & Zip

727-842-4200
Daytime Telephone number

magdaline.wise@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 NAME

Cruise Planners Club, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9113 Ridge Road Ste 22

New Port Richey, Fl 34654

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: seller of travel

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Magdaline Wise, President

Name and Title: _____

Address 9113 Ridge Road Ste 22

Address: _____

New Port Richey, Fl 34654

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 MAY 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Magdaline Wise

Address: 9113 Ridge Road Ste 22

New Port Richey, Fl 34654

ARTICLE VII INCORPORATOR

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

Name: Magdaline Wise

Address: 9113 Ridge Road Ste 22

New Port Richey, Fl 34654

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

Magdaline Wise
Required Signature/Registered Agent

5/20/15
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.

Magdaline Wise
Required Signature/Incorporator

5/20/15
Date