

P15000048363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

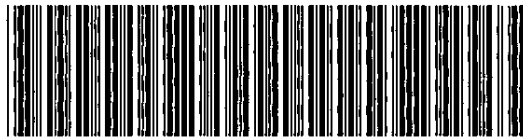
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EFFECTIVE DATE 5-30-15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUN -1 P 12:22

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JUN - 2 2015

T SCHROEDER

COVER LETTER

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

SUBJECT: ADVENTURE TRAVEL, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RAFAELA A. PENALVER

Name (Printed or typed)

2655 LeJeune Road, Suite 508

Address

Coral Gables, Florida 33134

City, State & Zip

786-251-3399

Daytime Telephone number

rafaelpenalver@aol.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 ADVENTURE TRAVEL, INC.

EFFECTIVE DATE 5.30.18

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2655 LeJeune Road, Suite 508

Coral Gables, FL 33134

ARTICLE III PURPOSE

to engage in any lawful business permitted under the laws of the United States

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

600 shares

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rafael A. Penalver, President

Address: 2655 LeJeune Road, Suite 508

Coral Gables, FL 33134

Name and Title: Aurora Penalver Salas, Vice-President :

Address: 2655 LeJeune Road, Suite 508

Coral Gables, FL 33134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2015 JUN - 1 P 12 22
CLERK 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: Rafael A. Penalver
Address: 2655 LeJeune Road, Suite 508
Coral Gables, FL 33134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Rafael A. Penalver
Address: 2655 LeJeune Road, Suite 508
Coral Gables, FL 33134

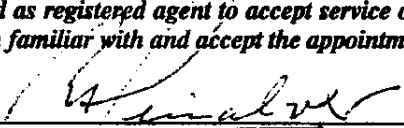
ARTICLE VIII EFFECTIVE DATE: May 30, 2015

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

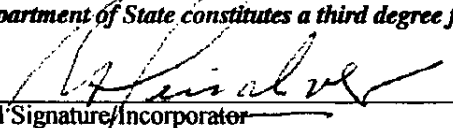


Required Signature/Registered Agent

May 30, 2015

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

May 30, 2015

Date