## P15000080987

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>→</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		P.		

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15 SEP 25 PM 4: N9
SECRETARY OF STATE
TALLAHASSEE, FLORID.

Office Use Only

## **COVER LETTER**

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

SUBJECT: TUFLY	TRAVEL.CORP		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	
FROM:		e (Printed or typed)	
363	4 SW 156 CT		
		Address	
MIA	AMI, FL, 33185		
<del></del>	City,	State & Zip	
786	5973004		
	Daytime T	elephone number	
rola	ndo.delabat@yahoo.com		
<del></del>	F-mail address: (to be use	d for future annual report n	otification)

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)

The name of the corpora	TUFLY TRAVEL.CORP		
ARTICLE II PRINC 3634 SW 156TH CT M	CIPAL OFFICE Principal street address	Mailing a 947 NW 97 AVE	address, if different is: APTO 107 MIAMI, FL. 33172
	the corporation is organized is:		
LOWFUL BUSINESS	AND TRAVEL SERVICE		
			TALLA
			EP 25
ARTICLE IV SHAR. The number of shares of	ES 100 stock is:		PH 4: NO.
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		•
Name and Title	ROLANDO DELABAT Director	Name and Title:	
Address	3634 SW 156TH CT	Address:	
	MIAMI, FL. 33185	<del></del>	
Name and Title	BEATRIZ ROJAS Officer	Name and Title	
Address	3634 SW 156TH CT		
<del></del>	MIAMI, FL. 33185		
Name and Title		Name and Title:	
Address			
Nutross		Addiess.	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT Storida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name:	ROLANDO DELABAT	table) of the registered agent is.	<del>5-1</del>
Address:	3634 SW 156TH CT		
	MIAMI, FL. 33185		HASE TO
ARTICLE VII	<u>INCORPORATOR</u>		S PH L: N9
The name and a	ddress of the Incorporator is:		
Name:	ROLANDO DELABAT		A G
Address:	3634 SW 156TH CT	<del></del>	
	MIAMI, FL. 33185		
Effective date, if (If an effective of days after the fine Note: If the date	EFFECTIVE DATE:  'other than the date of filing: date is listed, the date must be specific and ling.)  e inserted in this block does not meet the apperfective date on the Department of State's reference.	I cannot be more than five busing	ess days prior or 90 business
Having been nat this certificate, I	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corpo nt as registered agent and agree to	oration at the place designated in act in this capacity
	100		9/20/15
	Required Signature Registered Ag	ent	Date
I submit this document to the	cument and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that the j ee felony as provided for in s.817.1	false information submitted in a 55, F.S.
	A		9/20/15
Requ	red Signature/Incorporator		Date

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