" Division of Corporations



ps://efile.sunbiz.org/scripts/efilcovr.exe

## 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.

(((H15000251188 3)))



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 : FASTKIT CORP . Account Number : 120100000009 : (305)599-0839 Phone Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION CAMITRAVEL AGENCY, CORP.

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

# ARTICLES OF INCORPORATION OF

### CAMITRAVEL AGENCY, CORP.

(Name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s)

Competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: <u>CAMITRAYEL AGENCY, CORP.</u>

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>One hundred</u> shares (100) of <u>five Dollar</u> (s) (\$5.00) par value common stock, which shall be designated "Common Shares".

#### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

The principal	office, if known or the mailing address of the corporation is:	SECKI ALLAH	30 61
CITY	MIAMI, FL 33174		
ADDRESS	1030 SW 87 AV UNIT-A4		]
NAME	ANA M. ORTEGA		

NAME	ANA M. ORTEGA	(25, 25) (25, 27)	
ADDRESS	1030 SW 87 AV UNIT-A4	(A) III)	<u></u> = 3
CITY	MIAMI, FL 33174	*T[ ,e.,	,
***************************************		1,	****

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

Talma.

This corporation shall have <u>ONE (1)</u> director initially. The number of directors may be either increased or diminished from time to time by - laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

NAME	ANIA MA OBTECA	 
	ANA M. ORTEGA	
ADDRESS	1030 SW 87 AV UNIT-A4	 
CITY	MIAMI, FL 33174	****
NAME		 
ADDRESS		
CNY		
NAME		
ADDRESS		
CITY		
NAME		
ADDRESS	4 14 14 14 14 14 14 14 14 14 14 14 14 14	
CITY		
NAME		
ADDRESS		
CITY	***************************************	

#### ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

NAME	ANA M. ORTEGA	
ADDRESS	1030 SW 87 AV UNIT-A4	
CITY	MIAMI, FL 33174	
NAME	II at the second	
ADDRESS		
CITY		
NAME		
ADDRESS	***	
CITY		
NAME		
ADDRESS		
CITY		
NAME,		
ADDRESS		
CITY		

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 19 day October, 2015.

PREPARED:	SOSA ACCOUNTING TAX SERVICE 570 EAST 49 STREET HIALEAH, FL 33013	Audita (Scal)
	(305) 688 - 1716	( Seal)
EMAIL.	(305) 688 – 1714 osataxservice@gmail.com	( Seal)
estricatio, a	oog turset Atectait murreolit	( Scal)
		(Scal)

# CERTIFICATE AND ACKNOWLEDGMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

OF

### CAMITRAVEL AGENCY, CORP.

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation.

Address	1030 SW 87 AV UNIT-A4	
	MIAMI, FL 33174	
Has named	ANA M. ORTEGA	

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### **ACKNOWLEDGEMENT**

Having bee named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Florida Lawn in Keeping open said office.

(Registered agent)