

P15000098634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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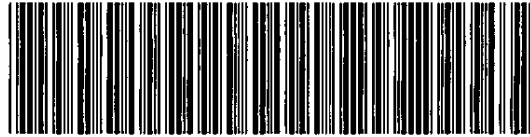
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/02/15--01016--018 **78.75

15 DEC -2 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: STS Travel Company

(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
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 COPY REQUIRED

FROM: Staurt Thorn

Name (Printed or typed)

129 NW 13th St D - 21

Address

Boca Raton FL 33432

City, State & Zip

561 395 3398

Daytime Telephone number

sthorn@sthorn.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 DEC -2 PM 2:39

ARTICLE I NAME

The name of the corporation shall be: STS TRAVEL COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

129 NW 13th St D-21

Boca Raton FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the sale, marketing and organisation of, marketing, managment, travel, insurance, and other services

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stuart Thorn President

Name and Title:

Address 129 NW 13th St D-21

Address:

Boca Raton FL 33432

Name and Title: STUART THORN COMPANY SECRETARY

Name and Title:

Address 129 NW 13th St D-21

Address:

Boca Raton
FL 33432

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

_____ SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____ **S J Thom** _____
Address: _____ **129 NW 13th St Suite D-21** _____
_____ **Boca Raton FL 33432** _____

ARTICLE VII INCORPORATOR

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

Name: _____ **Stuart Thorn** _____
Address: _____ **129 NW 13th St D-21** _____
_____ **Boca Raton FL 33432** _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1st December 2015. (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

1 Dec 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

1 Dec 2015
Date