

P16000016738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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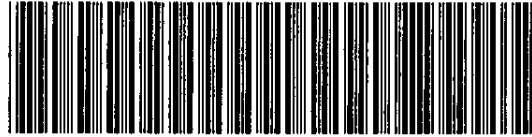
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: My Vacation, 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
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: Kailash Dhaksinamurthi

Name (Printed or typed)

PO Box 18

Address

Brimfield, MA 01010

City, State & Zip

413 245 3100 ext 19

Daytime Telephone number

kailash@searchbeyond.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)

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ARTICLE I NAME

The name of the corporation shall be: My Vacation, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different from principal office:
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6267 Bent Pine Dr

Unit 1124B

Orlando, FL 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

to provide tours and travel services for people with disabilities.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Indra Dhaksinamurthi, Vice-President

Address: 245 E Old Sturbridge Rd
Brimfield, MA 01010

Name and Title: Kailash Dhaksinamurthi, President

Address: 245 E Old Sturbridge Rd
Brimfield, MA 01010

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: REGISTERED AGENTS INC.

Address: 3030 N. Rocky Point Dr., STE 150A
Tampa, FL 33607

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SECRETARY OF STATE

ARTICLE VII INCORPORATOR

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

Name: Indra Dhaksinamurthi

Address: 245 E Old Sturbridge Rd
Brimfield, MA 01010

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 1, 2016. (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

Bill Havre

Bill Havre/Assistant Secretary/Registered Agents Inc.

Required Signature/Registered Agent

Feb 2, 2016

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.

Indra

Required Signature/Incorporator

Feb 2, 2016

Date