

P16000042237

(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 _____

Special Instructions to Filing Officer:

W16-23951

Office Use Only



200283652272

03/28/16--01004--027 **70.00

FILED
16 MAY 12 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Travelpost, LLC
(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: Karl Hansen
Name (Printed or typed)

1581 Brickell Ave. Apt. 1902
Address

Miami FL 33129
City, State & Zip

786.449.4488
Daytime Telephone number

KarlHansen@Bellsouth.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2016

KARL HANSEN
1581 BRICKELL AVE. APT. 1902
MIAMI, FL 33129

SUBJECT: TRAVELRPOST, LLC
Ref. Number: W16000023951

We have received your document for TRAVELRPOST, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 616A00006620

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Travelpost, ~~LLC~~ Inc. 16 MAY 12 PM 3:41

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
MAILING ADDRESS IF DIFFERENT IS
FLORIDA

1581 Brickell Ave.
Apt. 1902
Miami FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide & promote an online location where anyone can share travel photos, comment on their experience, rate their hotel, restaurant, tour, cruise and/or airline experience.

ARTICLE IV SHARES

The number of shares of stock is: (100) One hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maggie Pons, Pres.

Address

1581 Brickell Ave
Apt 1902
Miami FL 33129

Name and Title: Karl Hansen, Secretary

Address:

1581 Brickell Ave.
Apt 1902
Miami FL 33129

Name and Title: Karl Hansen, V.P.

Address

1581 Brickell Ave.
Apt 1902
Miami FL 33129

Name and Title:

Address:

Name and Title: Maggie Pons, Treasurer

Address

1581 Brickell Ave.
Apt 1902
Miami, FL 33129

Name and Title:

Address:

FILED

Name and Title: _____

Name and Title: _____

16 MAY 12 PM 3:41

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: _____

Karl Hansen

Address: _____

1581 Brickell Ave. Apt. 1902

Miami, FL 33129

ARTICLE VII INCORPORATOR

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

Name: _____

Maggie PONS

Address: _____

1581 Brickell Ave. Apt. 1902

Miami, FL 33129

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3.25.16 (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

Date

3.23.16

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

Date

3/23/16