

# P/6000045931

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.**

((H16000128445 3)))



H160001284453ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED

16 MAY 24 PM 4:05

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : NOTARY-TAXES & CORPORATE FILING SERVICES INC.  
 Account Number : I20120000057  
 Phone : (305)436-0979  
 Fax Number : (305)418-0788

16 \*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  
YOUR DESTINATION TRAVEL, CORP.**

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

*05/25/16*

FILED  
SECRETARY OF STATE  
CORPORATION DIVISION  
16 MAY 24 AM 11:22

H16000128445

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

ARTICLE I NAME

The name of the corporation shall be: YOUR DESTINATION TRAVEL, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1375 NW 97 AVE  
SUITE # 12  
MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YRANA A VASQUEZ (PRESIDENT) Name and Title: \_\_\_\_\_

Address: 4632 NW 114 AVE #807 Address: \_\_\_\_\_  
DORAL, FL 33178

Name and Title: SOL A SAMBRANO (V PRESIDENT) Name and Title: \_\_\_\_\_

Address: 12684 NW 10 TERR Address: \_\_\_\_\_  
MIAMI, FL 33184

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

H16000128445

FILED  
CORPORATION DIVISION  
MAY 24 2016  
MIAMI 22

H16000128445

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 YRANA A VASQUEZ

Address 4632 NW 114 AVE # 807  
DORAL FL, 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YRANA A VASQUEZ

Address 4632 NW 114 AVE # 807  
DORAL, FL 33178

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 24 AM 11:22

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/24/2016 (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*

*Y. Vasquez* \_\_\_\_\_ 05/24/2016  
 Required Signature/Registered Agent 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.*

*Y. Vasquez* \_\_\_\_\_ 05/24/2016  
 Required Signature/Incorporator Date

H16000128445