## P16000052409

(Re	questor's Name)			
(Address)				
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PICK-UP	MAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

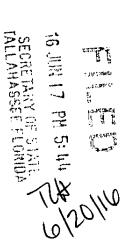




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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2016

JACK NUNEZ 327 SANTUARY DRIVE ST. JOHNS, FL 32259

SUBJECT: DRIFT AWAY TRAVELS CORP

Ref. Number: W16000040215

We have received your document for DRIFT AWAY TRAVELS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return 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 Kalin (850) 245-6052.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 216A00011605

16 JUN 17 PN 12: 36

CARLES CONTRACTOR

## **COVER LETTER**

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

SUBJECT: 7	(PROPOSED CORPORA	rels corp	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	JACH NO Nam	e (i filited of typed)	
	57 Johns , Pl. City,		
	305 864 465°	Celephone number	
-	JACK 11930 6 6MA		
	E-mail address: (to be use	d for future annual report r	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)

TICLE II DOIN		Travels Con	
<u>iiçle II - Prii</u> v	CIPAL OFFICE Principal <u>street</u> address	Mailing a	ddress, if different is:
27 Sanct	uary br.		
	•	11. Travel	
		· · · · · · · · · · · · · · · · · · ·	<b>P</b> (0
			ECRETA:
ICLE IV SHAR number of shares of			PM 5: 44
	o: Jack Nunez /prosid	Name and Title:	
Address	322 SANCTUDEY Dr St. Younds, F1, 322	Address:	
Name and Title	:	Name and Title:	
		Address:	
Address			
	:		

Name and Title	2:	Name and Title:	
Address		Address:	
ARTICLE VI REGISTANT	STERED AGENT street address (P.O. Box NOT acceptable	e) of the registered agent is:	
	SOL NUMBE		
Address: 3	23 SANCTUARY D	عن ا	₹0 <del>=</del>
S	- Yahus JFI 3225	<u>54</u>	SECRE JUN
ARTICLE VII INCO	RPORATOR		ASSESSED TO THE PROPERTY OF TH
The <u>name and address</u>	of the Incorporator is:		FO P
Name: _	YACH NUMEZ		STATE STATE
Address:	327 SANCTON D	<u>1.05</u>	<b>5</b> 7
-	St. Johns, F1, 32	250	
	ECTIVE DATE: than the date of filing: listed, the date must be specific and ca		
days after the filing.)	isted, the date must be specific and ca	mor be more than five busine	ss days prior or 50 business
Note: If the date insert the document's effective	ed in this block does not meet the applicate date on the Department of State's recon	able statutory filing requirements	s, this date will not be listed as
Having been named as this certificate, I am fan	registered agent to accept service of pro niliar with and accept the appointment a	cess for the above stated corpor s registered agent and agree to a	ration at the place designated in act in this capacity
DON			5/18/16
	Required Signature/Registered Agent		Date
I submit this document locument to the Depart	and affirm that the facts stated herein ment of State constitutes a third degree f	are true. I am aware that the following as provided for in s.817.15	alse information submitted in a 55, F.S.
DON	_	- <del>-</del>	Shallb
Required Si	gnature/Incorporator	<del> </del>	Date