

P16000052409

(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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Office Use Only



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05/23/16--01040--008 **78.75

1016-40215

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16 JUN 17 PM 5:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA
724
6/20/16



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 call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 216A0001160

15 JUN 17 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 JUN 17 PM 12:36
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

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

SUBJECT: Drift AWAY Travels corp
(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: JACK Nunez
Name (Printed or typed)

327 SANCTUARY DRIVE
Address

ST JOHN, FL 32259
City, State & Zip

305 804 4652
Daytime Telephone number

JACK11930@GMAIL.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)

ARTICLE I NAME

The name of the corporation shall be: Drift AWAY Travels Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

327 Sanctuary Dr.
Saint Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sail Travel

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jack Nunez / president Name and Title: _____

Address 327 Sanctuary Dr Address: _____

St. Johns, FL, 32259

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: YACIN NUNEZ

Address: 322 Sanctuary Drive
St Johns, FL 32259

ARTICLE VII INCORPORATOR

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

Name: YACIN NUNEZ

Address: 322 Sanctuary Drive
St. Johns, FL, 32259

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TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

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

[Signature]

Required Signature/Registered Agent

5/18/16

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.

[Signature]

Required Signature/Incorporator

5/18/16

Date