

P16000059824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

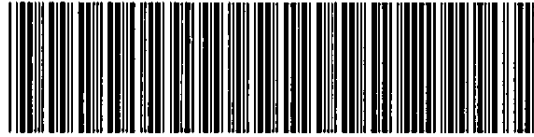
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/20/16--01007--013 \*\*78.75

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DEPARTMENT OF STATE

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SECRETARY OF STATE

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

**SUBJECT:** \_\_\_\_\_  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

FROM: Willie J. Brown  
Name (Printed or typed)  
692 Rustling Pines Blvd.  
Address  
Midway, FL 32343-4271  
City, State & Zip  
(850) 980-0080  
Daytime Telephone number  
tristartours@aol.com  
E-mail address: (to be used for future annual report notification)

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

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**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: Tri-Star Tours & Cruises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

1560 Capital Circle NW, Unit 20

Post Office Box 991

Tallahassee, FL 32303

Midway, FL 32343-0991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Any and all lawful businesses.

**ARTICLE IV SHARES**

The number of shares of stock is: 750,000 Common & 750,000 Preferred

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Willie J. Brown, President & Owner

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

Address Post Office Box 991

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

Midway, FL 32343-0991

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

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

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

Address \_\_\_\_\_ 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: Willie J. Brown  
Address: 692 Rustling Pines Boulevard  
Midway, FL 32343-4271

**ARTICLE VII INCORPORATOR**

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

Name: Willie J. Brown  
Address: 692 Rustling Pines Boulevard  
Midway, FL 32343-0991

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TALLAHASSEE, FLORIDA

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**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*

Willie J. Brown  
Required Signature/Registered Agent

July 20, 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.*

Willie J. Brown  
Required Signature/Incorporator

July 20, 2016  
Date