

P16000069080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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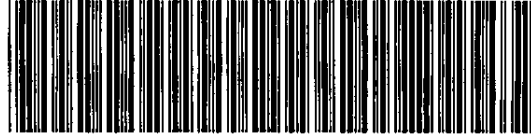
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/15/16--01033--016 **87.50

FILED
16 AUG 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CRUISES IT INC.

(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: JASON NEWQUIST

Name (Printed or typed)

1070 KERSFIELD CIRCLE

Address

LAKE MARY, FL, 32746

City, State & Zip

407-732-7065

Daytime Telephone number

JNEWQUIST@CRUISEONE.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: CRUISES IT INC.

16 AUG 15 AM 8:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

1070 KERSFIELD CIRCLE

LAKE MARY, FL. 32746

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to offer travel agent services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Newquist DPT

Address 1070 Kersfield Circle

Lake Mary, Fl, 32746

Name and Title: Merci Newquist DS

Address: 1070 Kersfield Circle

Lake Mary, Fl, 32746

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: Jason Newquist
Address: 1070 Kersfield Circle
Lake Mary, Fl, 32746

ARTICLE VII INCORPORATOR

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

Name: Jason Newquist
Address: 1070 Kersfield Circle
Lake Mary, Fl, 32746

16 AUG 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

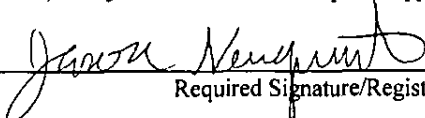
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/11/2016 (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.)

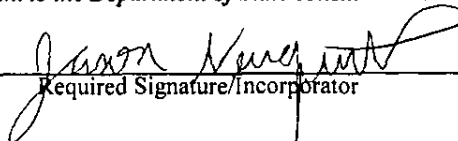
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

08/11/2016
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.


Required Signature/Incorporator

08/11/2016
Date