Note: Please print this page and use it as a cover sheet. Type the fax addit number (shown below) on the top and bottom of all pages of the document.

(((H16000212715 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972 Phone : (888)692-9256 Fax Number

Enter, the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

G

FLORIDA PROFIT/NON PROFIT CORPORATION SILK ROAD TOUR AND TRAVEL INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 3 0 2016

I SCOTT

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

TICLE II PRI			
	Principal street address	Mailing address	s, if different is:
5026 SW 10 Street unshine, FL 33326		15026 SW 10 Street Sunshine, FL 33326	
conduct all activi	ties set forth and permitted under and F.	lorida corporation law	·
			
DCIFIV SHA	DEC		
TICLE IV SHA			
number of shares	RES of stock is:		
number of shares	RES 200 NPV of stock is: CIAL OFFICERS AND/OR DIRECTOR Kohra Bahramalian Director	<u>us</u>	
number of shares TICLE V INIT Name and Ti	RES 200 NPV of stock is: CIAL OFFICERS AND/OR DIRECTOR tle: Kobra Bahramalian, Director 15026 SW 10 Street	Name and Title:	
number of shares	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR tie: Kobra Bahramalian, Director 15026 SW 10 Street	<u>us</u>	
number of shares TICLE V INIT Name and Ti	RES 200 NPV of stock is: CIAL OFFICERS AND/OR DIRECTOR tle: Kobra Bahramalian, Director 15026 SW 10 Street	Name and Title:	
number of shares TICLE V INIT Name and Ti	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR tie: Kobra Bahramalian, Director 15026 SW 10 Street	Name and Title:	
number of shares TICLE V INIT Name and Ti Address	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR tte: Kobra Bahramalian, Director 15026 SW 10 Street Sunshine, FL 33326	Name and Title:Address:	
number of shares TICLE V INIT Name and Ti Address	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR ttle: Kobra Bahramalian, Director 15026 SW 10 Street Sunshine, FL 33326	Name and Title: Address: Name and Title:	TÉ AUG 29 AH
Name and Tit	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR tte: Kobra Bahramalian, Director 15026 SW 10 Street Sunshine, FL 33326	Name and Title: Address: Name and Title:	
Name and Tit	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR ttle: Kobra Bahramalian, Director 15026 SW 10 Street Sunshine, FL 33326	Name and Title: Address: Name and Title:	TÉ AUG 29 AH
Name and Tit Address Name and Tit Address	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR tle: Kobra Bahramalian, Director 15026 SW 10 Street Sunshine, FL 33326	Name and Title: Address: Name and Title:	116 AUG 29 AM 10: 03
Name and Tit Address Name and Tit Address	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR tle: Kobra Bahramalian, Director 15026 SW 10 Street Sunshine, FL 33326	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	116 AUG 29 AM 10: 03

Name an	nd Title:	Name and Title:			
Address		Address:			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Kobra Bahramalian	•			
Address:	15026 SW 10 Street				
Tidu. Con.	Sunshine, FL 33326				
	INCORPORATOR				
The <u>name and ac</u>	ddress of the Incorporator is:				
Name:	Kobra Bahramalian	•			
Address:	15026 SW 10 Street				
	Sunshine, FL 33326				
ADTICLENIU	CPPPCTUE NATE.				
Effective date if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)			
(If an effective d	late is listed, the date must be specific and cannot	be more than five business days prior or 90 business			
days after the fil		string againments this day will not be listed as			
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					
8 - Bal		08/26/16			
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 \$.817.155, F.S.					
XC - K	med Stemature/Incompressor	()0126/16			
- 7000	III NA JEROMI I CHIMI INTRIN	DAIC			