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(Requestor's Name)

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EFFECTIVE DATE 09/09/16

*[Signature]* 09/16/16



**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: Senior Adult Travel, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11291 NW 70th Terrace

P.O. Box 142045

Chiefland, FL 32626

Gainesville, FL 32614

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to offer various travel opportunities and destinations primarily to Senior Adults who wish to travel either as individuals or as groups.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jerry W. Nash, President

Name and Title: Dorothy Y. Nash, VP

Address: P.O. Box 142045

Address: P.O. Box 142045

Gainesville, FL 32614

Gainesville, FL 32614

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: Jerry W. Nash  
 Address: 11291 NW 70th Terrace  
 Chiefland, FL 32626

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**ARTICLE VII INCORPORATOR**

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

Name: Jerry W. Nash  
 Address: 11291 NW 70th Terrace  
 Chiefland, FL 32626


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 9, 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.)

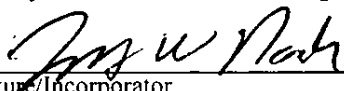
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

9-9-2016  
 \_\_\_\_\_  
 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

9-9-2016  
 \_\_\_\_\_  
 Date