

P/6000076272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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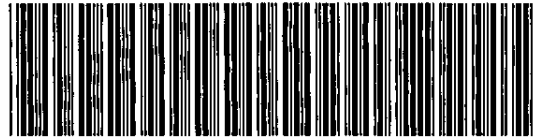
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/16--01023--030 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 12 PM 12:11

EFFECTIVE DATE 09/09/16

[Signature] 09/16/16

COVER LETTER

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

SUBJECT: Senior Adult Travel, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jerry W. Nash

Name (Printed or typed)

P. O. Box 142045

Address

Gainesville, FL 32614

City, State & Zip

352-214-4123

Daytime Telephone number

satravel77@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: 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