P160000 79570

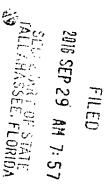
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>#</i>)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W18-640	040-	

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V HERRING SEP 3 0 2016

COVER LETTER

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

SUBJECT: Journey	Travels, Inc.		
30bJEC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Name 2 San Ambrosio Street	e (Printed or typed)	
_		Address	
Pu	nta Gorda, Fl 33983		
	City	, State & Zip	
941	1-286-5215		
	Daytime 1	Celephone number	
life	journeytravels@gmail.com		
	E-mail address: (to be use	d for future annual report	notification)

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



September 15, 2016

JENNIFER C. BAEZ 612 SAN AMBROSIO STREET PUNTA GORDA, FL 33983

SUBJECT: JOURNEY TRAVELS, INC.

Ref. Number: W16000064040

We have received your document for JOURNEY TRAVELS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 816A00019823

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

The name of the corpora	tion shall be:	Life	Journe	v Trave	2 	I	K
ARTICLE II PRIN			Mailing address, if different is:				
612 San Ambrosio Stre	et						
Punta Gorda, Fl 33983				,			
ARTICLE III PURP. The purpose for which Travel agency	OSE the corporation is organized is:						
ARTICLE IV SHAR The number of shares of ARTICLE V INITL Name and Titl Address	Stock is:		and Title:	TALLAHASSEE, FLORIDA	2016 SEP 29 AM 7: 57	F 1	
	Punta Gorda, FL 33983	Addro	 and Title:				_
Address			ess:				<u> </u>

Name a	nd Title:	Name and Title:	FILEO
Addre	ss	Address:	2016 SEP 29 AM 7: 57
			SE IN MICH OF STREET
			ALLAHASSEE, FLORIDA
	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acce Jennifer C. Baez	ptable) of the registered agent is:	
Name: Address:	612 San Ambrosio Street		
Address.	Punta Gorda, FL 33983		•
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Jennifer C. Baez		
Address:	612 San Ambrosio Street		
	Punta Gorda, FL 33983		
	EFFECTIVE DATE: If other than the date of filing:	. (OPTION	VAL)
(If an effective	date is listed, the date must be specific as		
days after the	anug.)		
	te inserted in this block does not meet the ap effective date on the Department of State's		nents, this date will not be listed as
	uned as registered agent to accept service of I/am familiar with and accept the appointm		
(Aria a		olilu.
7	Required Signature/Registered A	gent	Date
I submit this de	ocument and affirm that the facts stated he	erein are true. I am aware that (the false information submitted in a
document to the	Department of State constitutes a third deg	ree felony as provided for in s.8	17.155, F.S.
	JULY		9/1/14
Req	ufred Signature/Incorporator		Date