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Special Instructions to Filing Officer:

WHE-64040

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2016 SEP 29 AM 7:57
SEP 29 2016
TALLAHASSEE, FLORIDA

V HERRING
SEP 30 2016

COVER LETTER

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

SUBJECT: Journey Travels, 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: Jennifer C. Baez

Name (Printed or typed)

612 San Ambrosio Street

Address

Punta Gorda, FL 33983

City, State & Zip

941-286-5215

Daytime Telephone number

lifejourneytravels@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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)

ARTICLE I NAME

The name of the corporation shall be:

Life Journey Travels, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

612 San Ambrosio Street

Punta Gorda, FL 33983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Travel agency

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer C. Baez, President

Name and Title: _____

Address 612 San Ambrosio Street

Address: _____

Punta Gorda, FL 33983

Name and Title: Onelio Baez, Vice President

Name and Title: _____

Address 612 San Ambrosio Street

Address: _____

Punta Gorda, FL 33983

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2016 SEP 29 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

FILED
2016 SEP 29 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jennifer C. Baez
Address: 612 San Ambrosio Street
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

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/1/16 (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

9/1/16

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

9/1/16

Date