

P16000083855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600291074346

10/17/16--01014--010 \*\*87.50

FILED  
2016 OCT 17 PM 6:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
OCT 18 2016

## COVER LETTER

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

SUBJECT: ALL AMERICAN TRAVEL SERVICES, 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  
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 COPY REQUIRED**

FROM: HOWARD J. LEVINÉ  
Name (Printed or typed)  
2709 LODGEVIEW WAY  
Address  
VALRICO, FL 33596  
City, State & Zip  
813-662-1224  
Daytime Telephone number  
HLEVINÉ5@TAMPA BAY, FL.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: ALL AMERICAN TRAVEL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
2209 LODGEVIEW WAY  
VALRICO, FL 33596

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OFFER DISCOUNT CRUISE  
OPPORTUNITIES TO THE PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOWARD LEVINE, PRES.

Address: 2209 LODGEVIEW WAY  
VALRICO, FL 33596

Name and Title: ANTHONY GUARINO JR

Address: 2209 LODGEVIEW WAY  
VALRICO, FL 33596

Name and Title: CHRISTOPHER GUARINO SEC.

Address: 5833 WHIPPOORWILL DR.  
TAMPA, FL 33625

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED  
2006 OCT 17 PM 6:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2016 OCT 17 PM 6:10  
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: \_\_\_\_\_

Address: \_\_\_\_\_  
Howard Levine  
2209 Lodgeview Way  
Valrico, FL 33596  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Howard Levine  
2209 Lodgeview Way  
Valrico, FL 33596  
\_\_\_\_\_

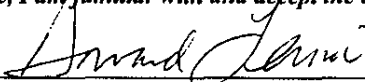
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*



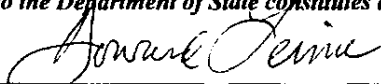
Required Signature/Registered Agent

HOWARD LEVINE

10/10/16

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

HOWARD LEVINE

10/10/16

Date