

PI60000 85633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

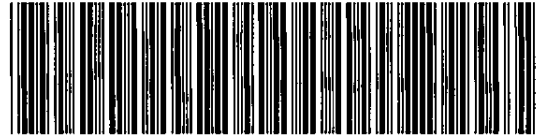
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

OCT 25 2016



800290353368

10/03/16--01046--003 **70.00

2016 OCT -3 PM 1:00
TALLAHASSEE, FL 32301

FROM :

FAX NO. : 8632992056

Oct. 25 2016 11:10AM P4

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

2016 OCT -3 PM 1:00
TALLAHASSEE, FL

SUBJECT: Majestic Travels
(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: Lorraine Richardson
Name (Printed or typed)

172 Osprey Heights Drive
Address

Winter Haven, FL 33880
City, State & Zip

863 585 3037
Daytime Telephone number

Lricha2628@aol.com
E-mail address: (to be used for future annual report notification)

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

FROM:

FAX NO. :8632992056

Oct. 25 2016 11:07AM P2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2016

LORRAINE RICHARDSON
172 OSPREY HIEGHTS DRIVE
WINTER HAVEN, FL 00080

SUBJECT: MAJESTIC TRAVELS, INC. UNLIMITED
Ref. Number: W16000068078

2016 OCT -3 PM : 00
TALLAHASSEE, FLORIDA

We have received your document for MAJESTIC TRAVELS, INC. UNLIMITED 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 916A00021309

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: Majestic Travels, Inc Unlimited

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

172 Osprey Heights Drive
Winter Haven, FL 33880

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide assistance with
travel needs. And to make arrangements with travel.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jaron Alexander

Name and Title:

Sherraine Richardson

Address:

172 Osprey Heights Dr
Winter Haven, FL 33880

Address:

172 Osprey Heights Dr
Winter Haven, FL 33880

President

Vice President

Name and Title:

Kassandra Indykiewicz

Name and Title:

Address:

172 Osprey Heights Dr
Winter Haven, FL 33880

Address:

Manager

Name and Title:

Address:

Name and Title:

Address:

2016 OCT -3 PM 1:00
CLERK
HARRIS
COUNTY
FLORIDA

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: Herraine Richardson
Address: 172 Osprey Heights Dr.
Winter Haven, FL 33880

RECEIVED
ALLAHSEE, FLORIDA

2016 OCT -3 PM 1:00

ARTICLE VII INCORPORATOR

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

Name: Herraine Richardson
Address: 172 Osprey Heights Dr.
Winter Haven, FL 33880

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 13, 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

Herraine Richardson
Required Signature/Registered Agent

9/20/16
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.

Herraine Richardson
Required Signature/Incorporator

9/20/16
Date