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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	: #)		
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(Document Number)				
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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Luxury	Lifestyle Travels Corp.		
bebjeer	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	hley Farrell Nam	e (Printed or typed)	
121	90 SW 124 Path		
		Address	· · · · · · · · · · · · · · · · · · ·
Mia	ami, FL 33186		
	City,	State & Zip	
(78	6) 731-7777		
	Daytime T	elephone number	
ashl	eyfarrell87@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.

ARTICLES OF INCORPORATION

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

RTICLE II PRINCIPAL OFFICE		
Principal <u>street</u> address 12190 SW 124 PATH Miami, FL 33186	Mailing a	ddress, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized	- -	
		2006
ARTICLE IV SHARES 100		OCT 28 A
		FL 99
ARTICLE V INITIAL OFFICERS AND/OR DI		M 9: 22 FLORIDA
Name and Title:	RECTORS Name and Title:	M 9: 22 FLORIDA
ARTICLE V INITIAL OFFICERS AND/OR DI Ashley Farrell, President Name and Title:	RECTORS Name and Title:	M 9: 22 FLORIDA
ARTICLE V INITIAL OFFICERS ANDIOR DI Ashley Farrell, President Name and Title: Address Name and Title:	Name and Title: Name and Title:	M 9: 22
ARTICLE V INITIAL OFFICERS ANDIOR DI Ashley Farrell, President Name and Title: Address Name and Title:	Name and Title: Address: Name and Title: Address: Address:	M 9: 22
ARTICLE V INITIAL OFFICERS ANDIOR DI Ashley Farrell, President Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title: Address:	M 9: 22

Name an	nd Title:	Name and Title:	
Address		Address:	FILED
			2016 OCT 28 AM 9: 2
			TALLAMASSEE, FLORI
			78
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptab	Ne) of the registered agent is:	
Name:	Ashley Farrell	ne) of the registered agent is.	
Address:	12190 sw 124 Path		
	Miami, FL 33186		
			
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is: Ashley Farrell		
Name: Address:			
	12190 SW 124 Path		
	Miami, FL 33186		
ARTICI F VIII	<u>EFFECTIVE DATE:</u> 10/ 25 2016		
Effective date, if	other than the date of filing:	(OPTIO	
(If an effective of days after the fi	date is listed, the date must be specific and c iling.)	annot be more than five b	usiness days prior or 90 busine
Note: If the date	e inserted in this block does not meet the applic	cable statutory filing require	ments, this date will not be listed
the document's	effective date on the Department of State's reco	ords.	
Having been na	med as registered agent to accept service of pr	ocess for the above stated c	orporation at the place designate
	am familiar with and accept the appointment	as registered agent and agre	ee to act in this capacity
this certificate, I			12 - 11
this certificate, I	Required Signature/Registered Agen		10/25/16