

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000167479 3)))



H170001674793ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.**

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I200000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SEARCHED INDEXED
 SERIALIZED FILED
 JUN 23 2017
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

17 9:8 AM 22 APR 17
 34145

**FLORIDA PROFIT/NON PROFIT CORPORATION
 ADVENTURE TOURS OF COSTA RICA TRAVEL INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
 17 JUN 23 PM 3:55

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 26 2017

T. SCOTT

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

H17000167479

ARTICLE I **NAME:** The name of the corporation is:

Adventure Tours of Costa Rica Travel Inc

ARTICLE II PRINCIPAL OFFICE;

The principal street address and mailing address is:

541 E. 60st. Hisleah Fl. 33013

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Norman José Hernández (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Norman Jose Hernandez
541 E 60 ST
Higeah FL 33013

ARTICLE VI. INCORPORATOR: The name and address of the Incorporator is:

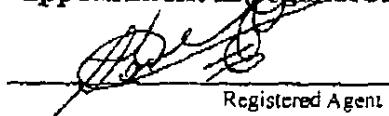
Norman Jose Hernandez
541 E 60 ST
Hialeah FL 33013

H17000167479

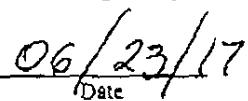
H17000167479

Required Signatures:

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

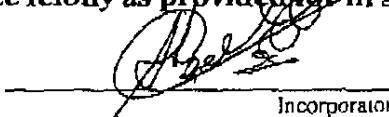


Registered Agent

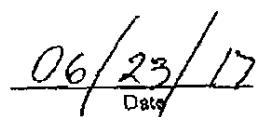


Date

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.



Incorporator



Date

H17000167479