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

From:
Account Name : USACORP INC.
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Email Address: VTRIMARCO@TRIMARCOLAW.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
ICLOUD 9 TRAVEL INC.

Certificate of Status	0
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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: ICLOUD 9 TRAVEL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

552 TROY LOOP

THE VILLAGES, FL 32162

Mailing address, if different is:

Vincent J Trimarco Jr, PC

1038 WEST JERICHO TPKE

SMITHTOWN, NY 11787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRAVEL SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY COHEN, OFFICER

Name and Title: _____

Address 552 TROY LOOP

Address: _____

THE VILLAGES, FL 32162

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: JEFFREY COHEN
Address: 552 TROY LOOP
THE VILLAGES, FL 32162

ARTICLE VII INCORPORATOR

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

Name: JEFFREY COHEN
Address: 552 TROY LOOP
THE VILLAGES, FL 32162

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

/s/ JEFFREY COHEN

1/30/2019

Required Signature/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.

/s/ JEFFREY COHEN

1/30/2019

Required Signature/Incorporator

Date