

P19000054629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

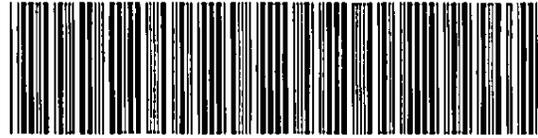
(Document Number)

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2019

BARBARA JOSEFYK  
11670 153RD CT NORTH  
JUPITER, FL 33478

SUBJECT: REEFS TO ROCKS TRAVEL CORPORATION  
Ref. Number: W19000049811

We have received your document for REEFS TO ROCKS TRAVEL CORPORATION and your check(s) totaling \$43.75. 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.

The filing cost for a new Profit Corporation filing is \$70 dollars. You will need to send in an additional check for \$26.25 to cover the cost of the filings. We have \$43.75 already.

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.

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 119A00010348

**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: Reefs to Rocks Travel Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
11670 153rd Ct. no  
Jupiter, Fla 33478

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide videos & photos for anyone  
interested in traveling and experiencing  
the great outdoors, camping, fishing  
clining etc.

**ARTICLE IV SHARES**

The number of shares of stock is: ~~1000~~ 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Name and Title: Reefs to Rocks Travel Name and Title: \_\_\_\_\_  
Address: Corporation Address: \_\_\_\_\_  
11670 153rd ct. no  
Jupiter, Fla 33478

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Barbara Josefyk  
Address: 11670 153rd ct. no  
Jupiter, Fla 33478

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Barbara Josefyk  
Address: 11670 153rd ct. no  
Jupiter, Fla 33478

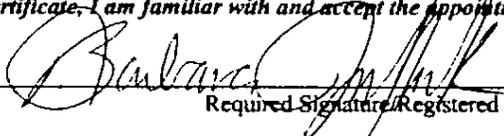
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

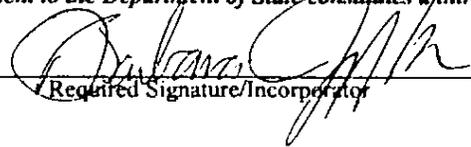
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5-9-19  
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

5-9-19  
Date