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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CARACOL TRAVEL INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 13 2019
K. Brumbley

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: CARACOL TRAVEL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5721 W 2 ND CT. HIALEAH, FL. 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRAVEL AGENCY AND BUSINESS SERVICES

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ARTICLE IV SHARES

The number of shares of stock is: 100 PER VALUE $ 1;00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAYLENIS SOSA MANRESA (D)
Address: 5721 W 2ND CT HIALEAH, FL, 33012
50%

Name and Title: CARMEN E CAMEJO SUAREZ (D)
Address: 7225 W 11 CT APT 221, HIALEAH, FL, 33014
50 %

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: DAYLENIS SOSA MANRESA

Address: 5721 W 2ND CT

HIALEAH, FL, 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAYLENIS SOSA MANRESA

Address: 5721 W 2ND CT

HIALEAH, FL, 33012

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

X _____ Required Signature/Registered Agent — 9-10-2019 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.

X _____ Required Signature/Incorporator — 9-10-2019. Date