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.

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To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6381	
From:		7- 1	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	CDD
	Account Number		8
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	1,
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**Enter	the email addres	s for this business entity to be used for future	-15
ann	ual report maili		AH 10: (
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FLORIDA PROFIT/NON PROFIT CORPORATION EZ TRAVEL SERVICES CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

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DCT 08 2019

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

EZ TRAVEL SERVICES COP	<i>د</i> م	
ARTICLE II PRINCIPAL OFFICE:	 -	-
The principal street address and mailing address is:		
18900 BRIMONT DR		
CUTLER BAY FL 33157-6918	_	
	_	
	-	
ARTICLE III SHARES: The number of shares of stock is:		
	 .	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	\	
LICETT OQUENDO (Presidenti	^ _)	
	<u> </u>	
<u></u>	001	•
	7 -7	·-· .
	<u> </u>	4 :
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE		Y "
The name and Florida street address (PO Box not acceptable) of the registered ag	ent is:	
Licett OQUENDO		
18900 BelMONT Dr		
CUTLER BAY, FL 33157-6918		
,		
ARTICLE VI INCORPORATOR: The name and address of the Incorporat	or is:	
18900 BelMont Dr		
CUTLER BAY, FL 33157-6918		

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

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.