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To	٠

Division of Corporations

Fax Number : (850)517-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number

: (305)675-5944

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Enail	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION **IMAGINE VACATION TRAVEL INC**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

I Magine VACATION + MAYEL INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
6752 SW 25 St MIANI FZ 33/55
ARTICLE III SHARES: The number of shares of stock is:/UO
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
MiRtA CABRERA (P)
Rolando CABRERA JR. (VP)
ADTICLE V ENERGAL DECOMPANY AND ADDITION OF THE PROPERTY OF TH
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
MIRTA CABRERA
6752 SW 255T
MIANI FZ. 33/55
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
MIRTA CABRERA
MIAMI FL 33155.

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

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

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