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Special Instructions to Filing Officer.				
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April 17, 2020

TIMOTHY MCGUIRE 1056 SHALE TRAIL ST. APOPKA, FL 32703

SUBJECT: ONE PLANET TOURS INC.

Ref. Number: W20000038474

We have received your document for ONE PLANET TOURS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 420A00008101

## FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

One	e Planet Tours Inc	<b>)</b> .		
SUBJECT:				
	(PF	OPOSED CORPORA	ATE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed are an	original and or	ne (1) copy of the art	ticles of incorporation and	a check for:
_			_	
<b>□</b> \$70.0	00 🔲 \$78.1	75	<b>3</b> \$78.75	<b>\$87.50</b>
Filing Fo	e Filing F	ee	Filing Fee	Filing Fee,
	& Certi	ficate of Status	& Certified Copy	Certified Copy
				& Certificate of
				Status
			ADDITIONAL CO	PY REQUIRED
	Timothy McGui	ire		
ED OM:	Timodiy IVIO			
T KOM.		Nam	e (Printed or typed)	
	1056 Shale Trail			
		····	Address	
	Apopka, FL 327	m		
	мрорка, г Б <i>эг</i> г	(L)		
		City.	. State & Zip	
	(207) 607-0201	•	•	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Daytime 1	Telephone number	
	tmcguire@onepl	anettours.org		
	E-ma	ail address: (to be use	d for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the benefit of		One Planet Tours Inc				
ARTICLE II PRINCE S832 Conner Trail Orlando FI 32808 United States	Paincipal street add	F13280	1056 Shall Aronka I United St	FT 32703	if difference S65	hale I
ARTICLE III BENEFI The corporation elects to The purpose for which t At One Planet Tours we	to be a benefit corporation is organized the corporation is organized the function of the func	ration in accordance v ganized is to create a uture of travel by inve	with s. 607.603, F.S. general public beneficating in the well-beir	ng of host comm		
to protect the planet tha						
Madagascar and beyond	I. Our One of a kind	i tour packages empo	wer you to explore N	ladagascar like	never before	Each of
our small group tours as	re intentionally cura	ted to promote sustain	nability in the host co	ommunity. By tr	avelling with	h One Plane
Tours you are directly c	ontributing to the w	ell-being and develop	oment of our destinate	ions.		<del></del>
The general and/or spec follows (optional): It's hard to miss the pov significant investment in	erty withing many o	of the locations that w	e go. You can travel	with us knowing	g that your to	our makes a
culture or individuals. I	nstead we support th	he communities that h	nost you. Fifty percen	t of the profits v	ve generate	are directly
invested into marginaliz	ted communities by	supporting quality ec	lucation, sustainable	livelihoods and	environmen	tal
conservation.						
ARTICLE IV SHARE The number of shares of  ARTICLE V INITIA	stock is:	RECTORS, BENEFIT	T DIRECTOR AND I	RENEELT ()FE	ICFR Gf Am	nlicable)
Name and Title	Tim McGuire,	CEO	Name and Title:			-
Address			Address:		···	
Apopka, I	Apopka, FL 32703					
				· · · ·	i À.	- -
						<del>5-</del> <del>5</del> •
Name and Title:			Name and Title:		, <u> </u>	<del>}</del>
Address			Address:			2n i i
_			<del></del>		" P.S" D	<u> </u>
						ž

. Name an	d Title:	Name and Title:	<del></del>
· · Address		Address:	
If applica	ble, BENEFIT DIRECTOR:	If applicable, BENEFI	T OFFICER:
Name:	<del></del>	Name:	<del> </del>
Address		Address:	
The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acc Jennifer Jill Schwirzer	eptable) of the registered agent is:	
Name:	5832 Conner Trail		
Address:	Orlando, FL 32808		
	INCORPORATOR		
	ldress of the Incorporator is: Timothy McGuire		
Name: Address:	1056 Shale Trail Street		
Address.	Apopka, FL 32703		
	ADDITIONAL QUALIFICATIONS Of the community & International Development		<u>VY:</u>
	ned as registered agent to accept service of amiliar with and accept the appointment  Required Signature/Registered	as registered agent and agree to ac	
I submit this doc document to the I	Required Signature/Registered A ument and affirm that the facts stated h Department of State constitutes a third de	nerein are true. I am aware that t	he false information submitted in
<b>K</b>	re/Incorporator	4/12/20 Date	4/12/20