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COVER LETTER

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

| SUBJECT: | Wish TRAVEL PROPOSED CORPORA | LINE Vacor | TONS. Tre |
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| | (PROPOSED CORPORA | TE NAME – <u>MUST ÎNCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | i a check for: |
| □ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | |
| | Belain Acc | | vices, Twc. |
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NOTE: Please provide the original and one copy of the articles.

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

| The name of the corporation shall be: Wish 7 | RAVEL LINE VACATIONS THE. |
|--|---|
| Principal office Principal street address 1455, W. LAND Street R. D. | Mailing address, if different is: 2418 3956 Town Canter Blud Ga ORlando, FL 32837 |
| | |
| | 2020 JUL 3 1 AU |
| ARTICLE IV SHARES The number of shares of stock is: | |
| Address 3956 Town Cante 5TE 116 Onlando FL | Address: |
| Name and Title: Address | Name and Title: Address: |
| Name and Title:Address | |

| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Manual A. Panal Address: 1455 Land Arrago RD Unit 418 Onlando, Fl. 33'82'4 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Manual A. Panal Address: 3956 Town Center Blud, Such 116 Dalando, Fl. 33-83 7 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 06 38'37 ARTICLE VIII 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 A | Name and Title: | Name and Title: |
|--|---|---|
| ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Manual A: Page Address: 3956 Town Center AND, Surk 116 Da Goo FL 32837 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: D6 29 20 (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 filling.) 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: A: D6/39/30 Required Signature/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. M/29/20 | Address | Address: |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Manual A. Panal Address: 1455 Land Stragt Rd Unit 418 Onlando, Fl 33'82'4 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Manual A. Panal Address: 3956 Town Center Alvo, Such 116 Dalando, Fl 32-83 7 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 06 24 20 (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 A. Mequired Signature/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. Manue: Manuel A. Panal A. Pan | | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Manual A. Panal Andress: USS Land Andress | | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Manual A. Panal Andress: USS Land Andress | | • |
| Name: Manual A. Paraz Address: 1455 Land Street RJ Unit 418 Onlando, F. 33824 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Manual A. Paraz Address: 3956 Town Center BVD, Suff 116 Dalando, F. 32837 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 06 29 20 (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 filling.) Nate: 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: A. Land Required Signature/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. Manuel A. Land State Constitutes a third degree felony as provided for in s.817.155, F.S. Manuel A. Land State Constitutes a third degree felony as provided for in s.817.155, F.S. | ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box I | NOT accentable) of the registered agent is: |
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| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Manual A: Papa. Address: 39.56 Town Center BlvD, Sush 116 Dalado, FL 32837 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 06 24 20 (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: A: Dolady 30 Required Signature/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. M/39/30 | Address: 1455 Land St | Reat Pd Part 418 |
| Name: Manual A. Penoz Address: 39.56 Town Center BUD, Surk 116 Dalado FL 32837 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 06 24 20 (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 A. Cological Signature/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. October 116 | Onlando, Fl | 32824 |
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| | Required Signature/Incorporator | Date Date |