

P210000 86598

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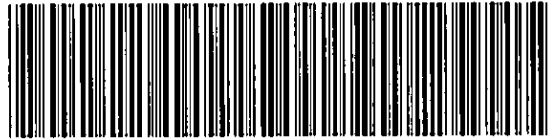
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DATE: 10/5/21

NAME: MOZART TRAVEL INC.

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

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COVER LETTER

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

SUBJECT: MOZART TRAVEL INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: _____

DYLAN BRENNAN
Name (Printed or typed)

73302 HIGHWAY 111
Address

PALM DESERT CA 92260
City, State & Zip

760-346-1487
Daytime Telephone number

dylan@accountingpros.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: MOZART TRAVEL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17573 ASBOURNE WAY UNIT A
BOCA RATON FL 33496

73302 HWY 111
PALM DESERT CA 92260

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRAVEL AGENCY

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>GERALDINE SCHILD</u>	Name and Title: <u>RANDY SCHILD</u>
Address: <u>PRESIDENT</u>	Address: <u>TREASURER / CFO</u>
<u>17573 ASBOURNE WAY UNIT A</u>	<u>17573 ASBOURNE WAY UNIT A</u>
<u>BOCA RATON FL 33496</u>	<u>BOCA RATON FL 33496</u>

Name and Title: <u>GERALDINE SCHILD</u>	Name and Title: _____
Address: <u>SECRETARY</u>	Address: _____
<u>17573 ASBOURNE WAY UNIT A</u>	_____
<u>BOCA RATON FL 33496</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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CLERK OF DISTRICT COURT

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:

GERALDINE SCHILD

Address:

17573 ASBOURNE WAY UNIT A
BOCA RATON FL 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

DYLAN BRENNAN

Address:

73302 HWY 111
PALM DESERT CA 92260

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




Required Signature/Registered Agent

10/4/2021

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.



Required Signature Incorporator

10/4/2021

Date