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087 579

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

10/05/21--01034--023 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
10/05/2021

COVER LETTER

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

PLAYERS TRAVEL CLUB PROPERTIES, INC.

SUBJECT: PLAYERS TRAVEL CLUB PROPERTIES, 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
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 COPY REQUIRED

FROM: RAQUEL CERRO
Name (Printed or typed)

5551 N UNIVERSITY DR # 103

Address

CORAL SPRINGS, FL 33076

City, State & Zip

954-753-7599

Daytime Telephone number

RCERRO@NATIONSBUSINESSCENTER.COM

E-mail address: (to be used for future annual report notification)

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

September 30, 2021

To Whom It May Concern:

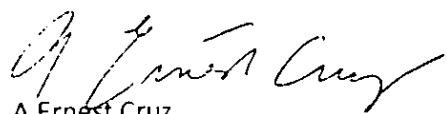
REF: PLAYERS TRAVEL CLUB PROPERTIES, INC.

My name is A. Ernest Cruz, I am the President of Players Travel Club Properties, Inc.

At this time I don't want to reinstate this company.

Please open the company again using the same name.

Thank you in advance.



A Ernest Cruz

Players Travel Club Properties

President

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SECRET//NOFORN
TALLAHASSEE, FL

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

ARTICLE I NAME PLAYERS TRAVEL CLUB PROPERTIES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
2510 NW 97 AVENUE # 140 SAME
MIAMI, FL 33172 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: A. ERNEST CRUZ (P) Name and Title: _____

Address: 2510 NW 97 AVENUE # 140 Address: _____
MIAMI, FL 33172 _____

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SECRETARIAL
TALLAHASSEE
FL 32301
5:25

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: A. ERNEST CRUZ

Address: 2510 NW 97 AVENUE # 140

MIAMI, FL. 33172

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: A. ERNEST CRUZ

Address: 2510 NW 97 AVENUE # 140

MIAMI, FL. 33172

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SECRETARY OF STATE
TALLAHASSEE, FL

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

A. Ernest Cruz

Required Signature/Registered Agent

9/30/21

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.

A. Ernest Cruz

Required Signature/Incorporator

9/30/21

Date