

P22000000422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

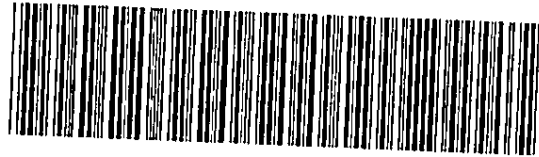
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000117363

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 27 AM 9:27

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2021

SANDRA M. LALAYAN
2520 NW 13 ST
APT 206
MIAMI, FL 33125 US

SUBJECT: TRAVELING COZY CORP.
Ref. Number: W21000117363

We have received your document for TRAVELING COZY CORP. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P18000014295.

Please return 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.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 421A00020556

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SandraM Lalayan
2520 NW 13th ST # 206
Miami, FL, 33125

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

Miami, August 16, 2021

To whom it may concern,

My name is Sandra Maria Lalayan, owner/ President of Traveling Cozy 18000014295.

Because was an uprecedental year 2020 for Pandemia, no commercial activity and very limited customer service, my company skip 2020 renovation on May 1st, for a mistake of the accountant that was representing me. I just find out this year at time of renovations, because of the reactivation of commercial activity.

After trying several times this year to get through Customer Service, I spoke to Maricela this morning, who was courteous and professional and explained my options to reinstate my company.

I was indicated to do this procedure by Certified mail, not able to do online, where I request ton this letter, he release the name of my company Traveling Cozy Corp and I enclosed a Check of \$ 87.50 for Filing Fee, Certified Copy & Certificate of Status.

I also was informed that processing of this regulation will take about 6 days after your get the check.

Please, let me know to the address above and also leave my phone number in case I need to be reached.

Cordially yours,

Sandra M Lalayan
info@travelingcozy.com
305-490-5454

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TRAVELING COZY CORP.
(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: SANDRA M LALAYAN
Name (Printed or typed)

2520 NW 13th Apt 206
Address

MIAMI FL 33125
City, State & Zip

1305-490-5454
Daytime Telephone number

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

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

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TALLAHASSEE, FLORIDA

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: TRAVELING COZY CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2520 NW 13th Apt 206
MIAMI FL 33125

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOTELS WHOLESAL
TRAVELIN ARRANGEMENTS
VACATION PROPERTY MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA LALAYAN PRESIDENT

Address: 2520 NW 13th Apt 206
MIAMI FL 33125

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: _____

SANDRA LALAYAN

Address: _____

2520 NW 13ST #206
MIAMI FL 33125

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____

SANDRA LALAYAN

Address: _____

2520 NW 13ST #206
MIAMI FL 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-16-2021 (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

SANDRA M LALAYAN

Required Signature/Registered Agent

8-16-2021

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.

SANDRA M LALAYAN

8-16-2021

Required Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA