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COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

Florida Domestication for CnC Travel, Inc

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES;

Certificate of Domestication

\$ 50.00

Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee

\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

From: Chris Wilson

Name (printed or typed)

3563 Oglethorpe Ave

Address

The Villages, FL 32163

City, State & Zip

919-270-0074

Daytime Telephone Number

chwilson13@gmail.com

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

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 278132

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CNC Travel Inc.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 16, 2020 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26th day of September, 2022, in the 231st year of the Commonwealth.



Michael G. adams

Michael G. Adams Secretary of State Commonwealth of Kentucky 278132/1083890

Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigned, Chris Wilso	on	Member
	(Name)	(Title)
_{of} CnC Travel, Inc		, a foreign
orporation, in accordance with s. 6	507.11922, Florid	a Statutes, submit these Articles of
omestication.		
1. Then name of the domestica	ating corporation	is CnC Travel, Inc
		(Foreign Corporation)
2. The jurisdiction and date of	its formation is	Kentucky, 01/16/2020
3. The name of the domesticat		
4. The jurisdiction of formation	n of the domestic	ated corporation is Florida
5. The domestication corporat approved in accordance with	-	orporation and the domestication was
6. Attached are Florida Articles requirements pursuant to s.	·	to complete the domestication
certify I am authorized to sign the	se Articles of Don	nestication on behalf of the corporation.
	Ju ws	i.
	(Author	ized Signature)

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ARTICLES OF INCORPORATION IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME		
THE NAME OF THE CORPORATION SHALL BE:		
CnC Travel, Inc		_
ARTICLE II PRINCIPAL OFFICE		
THE PRINCIPAL PLACE OF BUSINESS/ MAILING	=	
Principal Address	Mailing Address	
3563 Oglethrope Ave, The Villages, FL 32163	3563 Oglethorpe Ave, The Villages, FL 32163	2022
		130 130
		\$55 -
ARTICLE III PURPOSE		
THE PURPOSE FOR WHICH THE CORPORATION Travel Services	N IS ORGANIZED:	<u> </u>
ARTICLE IV SHARES		
THE NUMBER OF SHARES OF STOCK IS: 10,000	0	
ARTICLE VI REGISTERED AC	GENT AND STREET ADDRESS	
THE NAME AND FLORIDA STREET ADDRESS	(P.O. BOX NOT ACCEPTABLE) OF THE REGIST	ERED AGENT IS:
Chris Wilson		
3563 Oglethorpe Ave		
The Villages, FL 32163		
HAVING BEEN NAMED AS REGISTERED AGI	ENT AND TO ACCEPT SERVICE OF PROCE	SS FOR THE
ABOVE STATED CORPORATION AT THE PLACE	•	
WITH AND ACCEPT THE APPOINTMENT AS R CAPACITY.	EGISTERED AGENT AND AGREE TO ACT I	N THIS
Ch lie	והו	112022
Signature/Registered Agent	Date	11000

ARTICLE V DIRECTORS AND/ OR OFFICERS

Signature/Authorized Person

Name & Title:	D ADDRESS(ES) AND SPECIFIC TITLES: Chris Wilson, Member	Name & Title:	Cindy Wilson, Member
Address:	3563 Oglethorpe Ave	Address:	3563 Oglethorpe Ave
	The Villages, FL 32163	rtuuress.	The Villages, FL 32163
Name & Title: Address:		Name & Title: Address:	
Name & Title: Address:		Name & Title: Address:	2022 (
Name & Title: Address:	· · · · · · · · · · · · · · · · · · ·	Name & Title: Address:	GT 14 FA 3: 49
	cument and affirm that the facts state nitted in a document to the Departme		

Date