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7.5.H 4/8/21

COVER LETTER

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

aun mar	MILLIE SCHWAR	TZ CRUISES, INC.	
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origi	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: D	ENNIS STEWAR	(Printed or typed)	-
4(00 NE 14 AVENUI	`	
		Address	
<u>H</u>	ALLANDALE BEA	State & Zip	33009-7458
30	05-502-0397	elephone number	
_We	orld2u2004@yahc	oo.com	
,	E-mail address: (to be used NOTE: Please provide the o	d for future annual report r	SECRETA

•

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

ETICLE I NAM e name of the corpo	ration shall be: MILLIE SCHWARTZ CRI	UISES, INC.
TICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different is:
	OUTH OCEAN DRIVE- SUITE # 6 LE BEACH, FLORIDA 33009	06W
TICLE III PUR purpose for whice	POSE h the corporation is organized is: Sales, Market	ing, And All Services
_		
		
TICLE IV SHA number of shares	of stock is: 1000	
TICLE V INIT	<u> IAL OFFICERS AND/OR DIRECTORS</u>	
Name and T	itle: MILLICENT SCHWARTZ, PRESE and	Title:
Address	1880 S. OCEAN DR. # 606W Address:	
	HALLANDALE BEACH, FL 33009	
		
Name and Ti	tle: DENNIS STEWART, VICE-PRESSe and	Title:
Address	400 NE 14 AVENUE # 115 Address:	*
	HALLANDALE BEACH, FL 33009	
Name and Ti	de: DENNIS STEWART, SECRETARY and	Title:
Address	400 NE 14 AVENUE # 115 Address:	(A)
	HALLANDALE BEACH, FL 33009	- CO
		STAT ORI
	<u> </u>	

Name and	Title: DENNIS STEWART, TREASURE Rand Title:	
Address	400 NE 14 AVENUE # 115 Address:	
	HALLANDALE BEACH, FL 33009	
	EGISTERED AGENT or idea street address (P.O. Box NOT acceptable) of the registered agent is	
Name:	DENNIS STEWART	
Address:	400 NE 14 AVENUE # 115	
	HALLANDALE BEACH, FLORIDA 33009-7458	
ARTICLE VII - I	NCORPORATOR	
	dress of the Incorporator is:	
Name:	DENNIS STEWART	
Address:	-400 NE 14 AVENUE # 115	
	HALLANDALE BEACH, FLORIDA 33009-745	8
Effective date, if of (If an effective datiling.) Note: If the date in the content of the conte	EFFECTIVE DATE: Other than the date of filing: (OPTION Interior is listed, the date must be specific and cannot be more than five of the interior inserted in this block does not meet the applicable statutory filing requirefective date on the Department of State's records.	lays prior or 90 days after the
Having been name	ed as registered agent to accept service of process for the above stated cor miliar with and accept the appointment as registered agent and agree to	
	DENNIS STEWART Required Signature/Registered Agent	March 02,2024
	ment and affirm that the facts stated herein are true. I am aware that epartment of State constitutes a third degree felony as provided for in s.8	
Required Signatur	e/Incorporator DENNIS STEWAR	0 de 1
		HAD 20 COMM
		STATE LORIDA

COVER LETTER

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

SUBJECT:		12 CRUISES, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: _	ENNIS STEWART		
		(Printed or typed)	
_4	00 NE 14 AVENUE	E # 115 Address	
<u>H</u>	ALLANDALE BEA	CH, FLORIDA State & Zip	33009-7458
_3	05-502-0397		
_ <u>w</u>	Daytime T Orld2u2004@yaho E-mail address: (to be used		notification)
	NOTE: Please provide the o	riginal and one copy of	SECRETAR LOF STATE
			ATE RIDA

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

ARTICLE I NAME The name of the corpora	tion shall be: MILLIE SCHWAF	RTZ CRUIS	ES, INC.	_
ARTICLE II PRIN	CIPAL OFFICE Principal street address	N	Mailing address, if different is:	
	UTH OCEAN DRIVE- SU LE BEACH, FLORIDA 330		N	
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: Sales,	Marketing	, And All Services	i ·
ARTICLE IV SHAR The number of shares of	ES 1000			
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS			
Name and Titl	e: MILLICENT SCHWARTZ, P			
Address	1880 S. OCEAN DR. # 606V	V Address:	, we ·	
	HALLANDALE BEACH, FL	33009	N	
Name and Title	DENNIS STEWART, VICE-F	PRESE and Title:		
Address	400 NE 14 AVENUE # 115	Address:		<u></u> .
	HALLANDALE BEACH, FL	33009		
		_	: :S	5
Name and Title	DENNIS STEWART, SECRE	TARY and Title:	CRETE	
Address	400 NE 14 AVENUE # 115	Address:	(5, 1) (-1)	2
	HALLANDALE BEACH, FL	33009		
		_	JATO JRID	ب

Name an	od Title: DENNIS STEWART, TREASURE Pand Title:
Address	400 NE 14 AVENUE # 115 Address:
	HALLANDALE BEACH, FL 33009
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	DENNIS STEWART
Address:	400 NE 14 AVENUE # 115
	HALLANDALE BEACH, FLORIDA 33009-7458
ARTICLE VII	<u>INCORPORATOR</u>
The <u>name and a</u>	ddress of the Incorporator is:
Name:	DENNIS STEWART
Address:	-400 NE 14 AVENUE # 115
	HALLANDALE BEACH, FLORIDA 33009-7458
Effective date, if (If an effective of filing.) Note: If the date	Tother than the date of filing:
	ned as registered agent to accept service of process for the above stated corporation at the place designated in this familiar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent March 02,2024 Date
	cument and affirm that the facts stated herein are true. I am aware that the false information submitted in a Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Required Signatu	ure/Incorporator DENNIS STEWART Date March,02,2024
	ECRETARY OF STATE FLORIDA