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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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FLORIDA PROFIT/NON PROFIT CORPORATION MM TOURS AND CRUISES, INC.

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

MM DURS AND CRUSSES, INC.

RTICLE II PRINC	IPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:	
105 Lyontree St.				
follywood, FL, 33019		Hollywood, FL. 330		
RTICLE III PURPO ne purpose for which the	<u>PSF</u> ne corporation is organized is:	Travel		
RTICLE IV SHARI number of shares of	stock is:		:	
RTICLE V INITIA	stock is: L OFFICERS AND/OR DIRECTORS	Name and Title.	ř 3	
ne number of shares of	L OFFICERS AND/OR DIRECTORS Michael Morse, President		: 13	
RTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Michael Morse, President		ř 3	
RTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Michael Morse, President 1105 Lyontree St.		: 13	
RTICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTORS Michael Morse, President 1105 Lyontree St. Hollywood, FL. 33019	Address:		
RTICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTORS Michael Morse, President 1105 Lyontree St. Hollywood, FL. 33019	Address: Name and Title:		
Name and Title:	L OFFICERS AND/OR DIRECTORS Michael Morse, President 1105 Lyontree St. Hollywood, FL. 33019	Address: Name and Title:		
Name and Title:	L OFFICERS AND/OR DIRECTORS Michael Morse, President 1105 Lyontree St. Hollywood, FL. 33019	Address: Name and Title:		
Name and Title Address Name and Title Address	Michael Morse, President 1105 Lyontree St. Hollywood, FL. 33019	Address: Nøme and Title: Address:		

Required Signature/Registered Agent 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.	Name a	and Title:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 1105 Lyontree St. 1101 lywood, FL 33019 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 1105 Lyontree St. Hollywood, FL 33019 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five husiness days prior or 90 business 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 in the bepartment 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 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 x817.155, E.S. Address: 105 Lyontree St. 106 Lyontree St. 107 Lyontree St. 107 Lyontree St. 108 Lyontree St. 109 Lyontree St. 109 Lyontree St. 109 Lyontree St. 100 Lyontree S	Addres	55	Address:	
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Date	Requ	sired Signature/Incorporator	Date	

From Carol Penchana

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