

Florida Department of State

Division of Corporations

P24000058982

11/19/18-24

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
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SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION  
TORRES CUBA TRAVEL & SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

24 SEP 17 PM 9:40

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SECRETARY OF STATE  
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Electronic Filing Menu

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Help

HM

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:TORRES CUBA TRAVEL & SERVICES**ARTICLE II PRINCIPAL OFFICE:**CORP

The principal street address and mailing address is:

921 SW 27 AVE SUITE 1A  
MIAMI, FL 33135**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**OLGA SIMON (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


The name and Florida street address (PO Box not acceptable) of the registered agent is:

OLGA SIMON  
9951 SW 37 TERRA  
MIAMI, FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:OLGA SIMON  
9951 SW 37 TERRA MIAMI, FL  
33165FILED  
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**Required Signatures:**

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

  
\_\_\_\_\_  
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 s.817.155, F.S.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

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