

P95000012051

TRANSMITTAL LETTER

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

RECEIVED
FEB 19 1995
FEB 19 1995

SUBJECT: Cigars Plus Services, Inc.
(Proposed corporate name - must include suffix)

700001403777
02/10/95 01113 015
***131.25 ***131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Peter Greenwood
Name (printed or typed)

529 Royal Palm
Address

Altamonte Springs, FL 32701
City, State & Zip

407-331-8598
Daytime Telephone number

SD

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

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Cruises Plus Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

452 Osceola St. Ste # 213
Altamonte Springs, FL 32701

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Peter Greenwood
529 Royal Palm Ct
Altamonte Springs, FL
32701

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dinah Greenwood / Pres.
539 Royal Palm Ct
Altamonte Springs, FL 32701

Peter Greenwood / Vice Pres.
539 Royal Palm Ct
Altamonte Springs, FL 32701

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8 day of Feb, 19 95.

Dinah Greenwood
Signature

Peter Greenwood
Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Cruises Plus Services, Inc.

2. The name and address of the registered agent and office is:

Peter Greenwood
(Name)
529 Royal Palm Ct.
(P.O. Box not acceptable)
Altamonte Springs, FL 32701
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Peter Greenwood
(Signature)

2/8/95
(Date)

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