P95000)38686

TRANSMITTAL LETTER

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

000001488710 -05/16/95--01086--014 ****131.25 ****131.25

SUBJECT: FIVE	STAR TOU	my or OPLANDO TOC.
(1	Proposed corporate	namo - must include sulfix)
		•
Enclosed is an origina	I and one (1) co	ppy of the articles of incorporation and a check
for : [_] \$70.00 Filing Fee	Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required
FROM:		· · · · · · · · · · · · · · · · · · ·
		Address 14 véral, Frenchion 37920 1, State & Zip 5/6/95

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FIVE STAK TOURS OF ORLANDO INC.

ARTICLE II PRINCIPAL OFFICE

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

226 HARBOR DRIVE CAPE CANAUERAL, FLORIDA 32920

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Rudokf SECKAR 226 HARBOR DRIVE CAPE CAN AVERAL, FLORIDA 32920

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

RUdohs SECKAR 226 HARBOR DRIVE CAPE CANAMERAL, FLORIDA 32770

Jenny SECKAK

226 HARBOR DRIVE

CAPE CANAUERIK, FLORIDA 32920

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	FIUE	STAR	TOUKS	of	ORIHUPO	Inc
2.	The name and address of the regis	stered agent a	nd office is:				
	Rudo	(F 5) E (NA	CKOK ME)	<u></u> .			
		ARROC x or Mail Drop I	DRIVE Box NOT ACC	CEPTABLE)			
	CAPE	CITY/ST	ENL, F,	Poricla 3	32920	د.	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this ce-ficate, I hereby accept the appointment as registered agent and agree to act in this capacity. I furlier 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.

Rucal Lila 5-11-95 (SIGNATURE) (DATE)