P9500050010 TRANSMITTAL LETTER

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314			500001524455 -06/27/9501076001 ****300.00 *****78.75
SUBJECT: <u>В. /7.</u> (F		TOURST TWO.)
Enclosed is an origina for : \$70.00 Filing Fee	I and one (1) co \$78.75 Filing Fee & Certificate	Filing Fee Filin & Certified Copy Certified	131.25 g Fee, ed Copy rificate
FROM:		TIKAN TOURS I	nc. 8 2 3
well wail	Suit 107	. 427 South nov.	a Road
19.502,671	<u>Otmond</u> Cit	Beach, Floreda ty, State & Zip	32/74ª
189,502,671 W95-13064	904 - (Daytime	Telephone number	Ed Sounds

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 27, 1995

ED SOWARDS 427 SOUTH NOVA ROAD SUITE 107 ORMOND BEACH, FL 32174

SUBJECT: D. AMERICAN TOURS INC.

Ref. Number: W95000013064

We have received your document for D. AMERICAN TOURS INC. and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown Document Specialist

Letter Number: 195A00031416

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

The name of the corporation shall be:

ARTICLE IV

The name and address of the initial registered agent is:

american Jours of	Paytora, One,	,
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: Sente 107, 427 South nova Road ormond Beach, Florida 32174	~. E	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding is: 1000	g at any one time	

norma Lee Suit 107, 427 South nova Road ormand Beach, Floreda 32174

INITIAL REGISTERED AGENT AND STREET ADDRESS

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):

D. Anterican Tours Inc.

Duite 107, 427 South Nova Rend

omnord Beach, Florida 3 2174 The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27 day of June, 19 95.

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

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUCES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWIL & STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

l.	The name of the corporation and the Commence of the corporation and the Commence of the Commen
2.	The name and address of the registered agent and office is:
	norma Jel (NAME)
	Sent 107. 427 South nova Road (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Ormond Banch Florida 32/74

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.

220ma Lel 6-26-95 (DATE)