

1504 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

904-233-3991 FAX



networks

PRESTIGE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 665962 : 114383A
Patricia Pyatt

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : August 21, 1995

ORDER TIME : 12:58 PM

500001565305

ORDER NO. : 665962

CUSTOMER NO: 114383A

CUSTOMER: Julio C. Hernandez, Cpa
JULIO C. HERNANDEZ - TAX,
ACCOUNTING & NOTARY SERVICES
105 Bridle Court

Kissimmee, FL 34743

DOMESTIC FILING

NAME: IRAGARA TOURS, INC.

FILED
95 AUG 21 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Maria I. Newport

EXAMINER'S INITIALS: _____

T BROWN
AUG 22 1995

ARTICLES OF INCORPORATION
OF
IRAGARA TOURS, INC.

The undersigned subscriber to these Articles of Incorporation hereby forms a corporation under the Florida General Corporation Act.

ARTICLE I - NAME

The name of this corporation is IRAGARA TOURS, INC.

ARTICLE II - DURATION

The corporation shall have a perpetual existence.

ARTICLE III - PURPOSE

The purpose of this corporation is to engage in any activities or business permitted under the Laws of the United States and Florida.

ARTICLE IV - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 1,000 shares of common stock having a par value of \$100.00 per share.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The initial registered office and mailing address of this corporation shall be at:

2500 Howell Branch Road #40
Winter Park, Florida 32792

and the initial registered agent of this corporation at such office shall be Magali Bastardo, who, upon accepting this designation agrees to comply with the provisions of Section

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

48.091, Florida Statutes, as amended from time to time, with respect to keeping an office open for service of process.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of three (3) members. The number of Directors may be increased and after such increase, decreased from time to time by-laws adopted by the shareholders. In no event shall the number of Directors be less than one nor more than three (3).

The name and addresses of the member(s) constituting the initial Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
Magally Bastardo, President	2500 Howell Branch Road #40 Winter Park, Florida 32792
Rafael Bastardo, Vice-Pres.	2500 Howell Branch Road #40 Winter Park, Florida 32792
Irantzu Bastardo, Sec.-Treas.	2500 Howell Branch Road #40 Winter Park, Florida 32792

ARTICLE VII - BY-LAWS

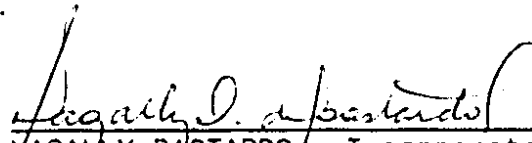
The power to adopt, alter, amend or repeal by-laws shall be vested in and is hereby reserved to the shareholders. By-laws shall be adopted, altered, amended or repealed as provided therein.

ARTICLE VIII - INCORPORATOR

The name and street address of the person signing these Articles of Incorporation as a subscriber is:

Magally Bastardo
2500 Howell Branch Road #40
Winter Park, Florida 32792

IN WITNESS whereof, the undersigned executed these Articles of Incorporation on this date.


MAGALLY BASTARDO Incorporator

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing Articles of Incorporation of IRAGARA TOURS, INC., were acknowledged before me this 15th day of August, 1995, by Magally Bastardo, as Incorporator.

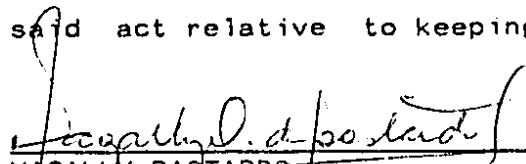


PAULINA HERNANDEZ
My Comm. Exp. 5/28/98
Bonded By Service Inc
No. CC360090
☒ Personally Known ☐ Other L.A.


PAULINA HERNANDEZ
Notary Public

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.


MAGALLY BASTARDO
REGISTERED AGENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000064707**

1 Corporation Name
RAGARA TOURS, INC.

FILED

96 OCT -7 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2500 HOWELL BRANCH ROAD
SUITE 40
WINTER PARK FL 32782**

Mailing Address
**2500 HOWELL BRANCH ROAD
SUITE 40
WINTER PARK FL 32782**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, if Applicable
1311 APRICOT COURT

3 New Mailing Office Address, if Applicable
Suite, Apt. #, etc.

4 Date Incorporated or Qualified
To Do Business in Florida

08/21/1995

City & State
LA SELL BERRY FL
Zip
32707

City & State
Zip Country

5 FEI Number
59-3359477

Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☒

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Director	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BASTARDO, MAGALLY	2500 HOWELL BRANCH ROAD, #40	WINTER PARK FL 32782
VD	BASTARDO, RAFAEL	2500 HOWELL BRANCH ROAD, #40	WINTER PARK FL 32782
STD	BASTARDO, IRANTZ	2500 HOWELL BRANCH ROAD, #40	WINTER PARK FL 32782

800001980268--7
-10/18/96--01079--010
****375.00 ****275.00

8. Name and Address of Current Registered Agent

**BASTARDO, MAGALLY
2500 HOWELL BRANCH ROAD
SUITE 40
WINTER PARK FL 32782**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date **10/01/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/96 (407) 695-6227
Date Daytime Phone #

CR2040 (7/96)