

P96000022751

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

400001742374  
-03/13/96--01116--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: VOLARE TRAVEL, INC.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00 ☒ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: STEVEN LEONI  
Name (printed or typed)  
719 EAST PARK AVE  
Address  
TALLAHASSEE, FL 32301  
City, State & Zip  
904-681-9977  
Daytime Telephone number

FILED  
96 MAR 13 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
96 MAR 13 PM 2:57  
DIVISION OF CORPORATION

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

2/13/96

**ARTICLES OF INCORPORATION**

**OF**

VOLARE TRAVEL, INC.

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96 MAR 13 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

VOLARE TRAVEL, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

719 EAST PARK AVENUE  
TALLAHASSEE, FLORIDA 32301

**ARTICLE III SHARES**

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

1000 SHARES

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

STEVEN M. LEONI  
719 EAST PARK AVENUE  
TALLAHASSEE, FLORIDA 32301

**ARTICLE V INCORPORATOR(S)**

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

STEVEN M. LEONI  
719 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

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

13<sup>TH</sup> day of MARCH, 1996.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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: VOLARE TRAVEL, INC.

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

STEVEN M. LEON  
(Name)  
719 EAST PARK AVE  
(P.O. Box not acceptable)  
TALLAHASSEE, FLORIDA 32301  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*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.*

  
(Signature)