PALODOO 34162 TRANSMITTAL LETTER

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

SUBJECT: Tour of Thou Thou The Proposed corporate name - must include suffix)

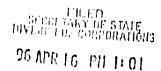
	il and one (1) co	ppy of the articles of incorporation and a chec	c k	
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	# \$122.50 X \$131.25 Filing Fee		. 12
FROM:	Ana Name 100/15	Gonzalez (printed or typed) Be luederc Pd #8 Address	95 APR 16 PH 1:01	FILED STATE SECRETARY OF STATE IVISION OF CONFORATI
	west P	alm Beach F1334111 ity, State & Zip	2	TATE VATIONS

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

Daytime Telephone number

chalalare

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:

Tour of Italy Inc.

ARTICLE II PRINCIPAL OFFICE

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

10045 Be wedere Rd #12 West-Palm Brach Pl 33/11

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:

Ana Gonzalez 10045 Betweelere Rd #2 West Paim Beach F1.334111

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):

Arra C-onzulez 10045 Betwedere Rd. #2 West Palm Brann Fl. 33411

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
14 day of 15 - OCI 10 (10)
(An additional article must be added if an effective date is requested.)
Signature
Signature

Notarization is not required

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 APR 16 PH 1:01

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:	Tour	0+	Ital	41	nc.

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

POUS Be redere Pd #2

(P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE)

WEST Para Beach F1 . 331111

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) 4-15-96
(DATE)