

P960000048799

**Wittock & Associates, P.C.**

*Certified Public Accountants*

Gary Wittock, C.P.A.

Polcianna Professional Park  
2590 Golden Gate Parkway  
Naples, Florida 33942

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(800) 434-4279  
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100001837161  
-05/23/96--01069--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. San Excursions Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
96 JUN -7 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

096-114172

AL JUN - 7 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 30, 1996

GARY WITTOCK  
2590 GOLDEN GATE PARKWAY  
POINCIANA PROFESSIONAL PARK  
NAPLES, FL 33942

SUBJECT: SON EXCURSIONS INC.  
Ref. Number: W96000011472

We have received your document for SON EXCURSIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 996A00027087

ARTICLES OF INCORPORATION  
OF  
SON EXCURSIONS INC.

FILED  
96 JUN -7 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned person, acting as incorporator for the purpose of forming a stock business corporation under the laws of the State of Florida, adopts the following Articles of Incorporation:

ARTICLE I

NAME

The name of the corporation is Son Excursions, Inc., 2110 Rookery Bay Dr.#3005, Naples, Fl. 33962.

ARTICLE II

GENERAL NATURE OF BUSINESS

The purpose for which this corporation is organized is to transact any and all lawful business for which corporations may be organized under the laws of the State of Florida, and to have all powers which are afforded to corporations under the laws of the State of Florida.

ARTICLE III

DURATION

The duration of this corporation shall be perpetual.

ARTICLE IV

INITIAL CAPITALIZATION

The total amount of initial capitalization of the corporation \$100.

ARTICLE V

CAPITAL STOCK

The total number of shares of common capital stock that this corporation is authorized to issue is 100 shares of One Dollar (\$1.00) par value common stock.

ARTICLE VI

PREEMPTIVE RIGHTS

Each shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which they already hold, shall have the right to purchase their pro rata share thereof at the price at which it is offered to others.

## ARTICLE VII

### INITIAL REGISTERED OFFICE AND AGENT

The initial registered office of this corporation is 2110 Hookery Bay Dr. #3005, Naples, FL 33962, and the name of the initial agent of this corporation at that address is Gary Kluckhuhn.

## ARTICLE VIII

### NAME AND ADDRESS OF INCORPORATOR

Gary W. Wittcock, CPA  
2590 Golden Gate Parkway  
Naples, FL. 33942

## ARTICLE IX

### INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. This director is Gary Kluckhuhn.

## ARTICLE X

### AMENDMENTS

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment thereto, in the manner provided by law, and any right conferred upon the shareholders is subject to this reservation.

## ARTICLE XI

### INDEMNIFICATION

The corporation shall indemnify any officer and/or director to the full extent of the law.

## ARTICLE XII

### EFFECTIVE DATE

These Articles of Incorporation shall be effective upon the filing with the Florida Secretary of State.

IN WITNESS WHEREOF, undersigned subscriber has executed these Articles on the day of 1996.

  
Gary Kluckhuhn

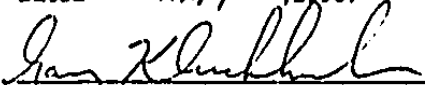
I certify that all of the facts stated in these Articles of Incorporation are true and correct and are made for the purpose of forming a business corporation under the laws of the State of Florida.

Dated May 8, 1996.

  
Gary W. Wittock, CPA  
Incorporator

I acknowledge my appointment as registered agent of this corporation and accept the appointment.

Dated May 8, 1996.

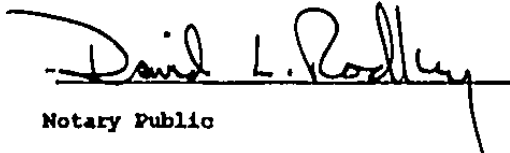
  
Gary Kluckhuhn  
Registered Agent

FILED  
96 JUN -7 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

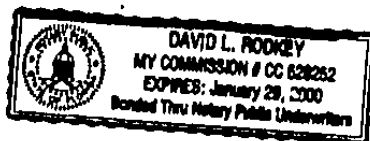
State of Florida  
County of Collier

The foregoing instrument was acknowledged before me this  
, 1996, by Gary W. Wittock and Gary Kluckhuhn.

8th day of May

  
Notary Public

My Commission Expires:



# DEBIT MEMORANDUM

FOR OFFICIAL USE NUMBER

796000048799

TO :  
DEPARTMENT OF STATE

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	382.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	382.50	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00		4	25.00
12	45-20-2-130001-45300000-00-000100-00		1	70.00
12	45-20-2-130001-45300000-00-000100-00		3	78.75
12	45-20-2-130001-45300000-00-000100-00		2	208.75

GRAND TOTAL:

\$ 382.50

400001888754  
-07/10/96--01009--003  
\*\*\*\*\*85.00 \*\*\*\*\*85.00

63999-73

Process Date: 05/31/96

The above named fund(s) has been reduced by the amount of  
this check(s) under authority of Section 215.34, F.S.

State Treasurer