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6/25/98

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33136-
CONTACT: RAY STORMONT
PHONE: (305) 541-3894
FAX: (305) 541-3770

((H96000008826))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: R.P. TOURS & TRANSPORTATION, CORP.

FAX AUDIT NUMBER: H96000008826

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ENTER SELECTION AND <CR>:

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96 JUN 25 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

END OF REPORT

95 JUN 25 AM 11:11

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(6)



PREPARED BY:
ELYANE BECHTINGER
B&L Business Legal, Inc.
141 N.E. 3rd Ave #206
Miami, FL 33132

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ARTICLES OF INCORPORATION

ARTICLE I -- NAME

THE NAME OF THIS CORPORATION IS:

R.P. TOURS & TRANSPORTATION, CORP.

WITH THE PRINCIPAL PLACE OF BUSINESS LOCATED AT:

3716 NE 168th STREET #403
NORTH MIAMI BEACH FL 33160

FILED
IN THE OFFICE OF THE
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA
JAN 11 2005

ARTICLE II -- PURPOSE

THIS CORPORATION SHALL HAVE THE PERPETUAL EXISTENCE AND MAY ENGAGE IN ANY AND ALL LAWFUL BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE III -- CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE 1,000 SHARES OF ONE DOLLAR (\$ 1.00) PAR VALUE COMMON STOCK.

ARTICLE IV -- PREEMPTIVE RIGHTS

EVERY SHAREHOLDER, UPON THE SALE FOR CASH OR ANY NEW COMMON STOCK OF THIS CORPORATION, SHALL HAVE THE RIGHT TO PURCHASE THEIR PRO RATA SHARE (AS NEARLY AS MAY BE DONE WITHOUT ISSUANCE OR FRACTIONAL SHARES) AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

ARTICLE V -- INITIAL REGISTERED OFFICE

THE STREET ADDRESS OF THE REGISTERED OFFICE OF THIS CORPORATION IS:

3716 NE 168th STREET #403
NORTH MIAMI BEACH FL 33160

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

RICARDO JOSE BELLAZZI PASSOS

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ARTICLE VI -- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE 1 DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE INITIAL DIRECTOR(S) OF THIS CORPORATION IS/ ARE:

RICARDO JOSE BELLAZZI PASSOS
PRESIDENT & DIRECTOR

ARTICLE VII -- INCORPORATOR

THE NAME AND ADDRESS OF THE PERSON SIGNING THIS ARTICLE IS:

RICARDO JOSE BELLAZZI PASSOS
3716 NE 168th STREET #403
NORTH MIAMI BEACH FL 33160

ARTICLE VIII -- INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY OFFICER OR DIRECTOR, OR ANY FORMER OFFICES OR DIRECTORS TO THE FULL EXTENT PERMITTED BY LAW.

ARTICLE IX -- MANAGEMENT OF CORPORATION SHAREHOLDERS

ALL CORPORATE POWERS SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF, AND THE BUSINESS AND AFFAIRS OF THIS CORPORATION SHALL BE MANAGED UNDER THE DIRECTOR OF, SHAREHOLDERS OF THIS CORPORATION.

ARTICLE X -- BY LAWS

THE POWER TO ADOPT, AMEND OR REPEAL BY-LAWS SHALL BE VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDER.

IN WITNESS WHEREOF THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 21st DAY OF JUNE OF 1996.

A handwritten signature in dark ink, appearing to read 'Ricardo Jose Bellazzi Passos', is written over a horizontal line. Below the line, the word 'Incorporator' is printed in a small, sans-serif font.

H9 600 000 8826

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FILED
56 JUN 25 PM 4:30
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

**CERTIFICATE DESIGNATING THE ADDRESS AND AN
AGENT UPON WHOM PROCESS MAY BE SERVED**

WITNESSETH:

THAT R.P. TOURS & TRANSPORTATION, CORP. DESIRING TO ORGANIZE UNDER
THE LAWS OF THE STATE OF FLORIDA, WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE
COUNTY OF DADE, STATE OF FLORIDA, HAS APPOINTED:

RICARDO JOSE BELLAZZI PASSOS
AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

ACKNOWLEDGMENT:

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:
R.P. TOURS & TRANSPORTATION, CORP.

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE
PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE CAPACITY OF
REGISTERED AGENT FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE
APPLICABLE PROVISION OF THE FLORIDA STATUTES, THIS:

21th DAY OF JUNE, 1996.

A handwritten signature in cursive script, reading 'Ricardo Bellazzi Passos', written over a horizontal line.
Registered Agent

B & I

H9 600 000 8826

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN STATE
AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED:

RICARDO JOSE BELLAZZI PASSOS

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF
INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED MY OFFICIAL
SEAL,

IN THE STATE AND COUNTY AFORESAID THIS 21th DAY OF JUNE , 1996.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires:



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SPECIFIC POWER OF ATTORNEY

BE IT KNOWN, THAT I, RICARDO JOSE BELLAZZI PASSOS, OF MIAMI -- FL., THE UNDERSIGNED, TO HEREBY GRANT A LIMITED AND SPECIFIC POWER OF ATTORNEY TO B & L BUSINESS LEGAL, INC. OF MIAMI, FL. - AS MY ATTORNEY-IN-FACT.

SAID ATTORNEY-IN-FACT SHALL HAVE FULL POWER AND AUTHORITY TO UNDERTAKE AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF: MANAGE THE PROCEDURES IN ORDER TO OBTAIN FTIN #, ANY KIND OF BUSINESS LICENSES, INQUIRE ABOUT LIABILITIES WITH THE I. R. S., FLORIDA DEPARTMENTS, CUSTOMS, AND ANY OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREIN SHALL INCLUDE SUCH INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO CARRY OUT AND PERFORM THE SPECIFIC AUTHORITIES GRANTED HEREIN.

MY ATTORNEY-IN-FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT AND PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST INTEREST AS MY ATTORNEY-IN-FACT IN THIS DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION. THIS POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY BE REVOKED UPON MY DEATH, PROVIDED ANY PERSON RELYING ON THIS POWER OF ATTORNEY SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY UPON THE AUTHORITY OF MY ATTORNEY-IN-FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF REVOCATION.

SIGNED UNDER SEAL THIS 21th DAY OF JUNE 1996.

STATE OF FLORIDA
COUNTY OF DADE

On 06 / 21 / 96 before me, ELYANE BECHTINGER personally, appeared

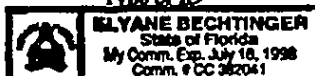
Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledged to me that he / she / they executed the same in his/her/their authorized capacity (ies), and that by his / her / their signature(s) on the instrument the person(s), or The entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature
Notary public

(Seal)

Affiant ☐ Known ☐ Produced ID ☐
Type of ID



H9 600008826

Form 8822
(Rev. 5-94)
Department of the Treasury
Internal Revenue Service

Change of Address

Please type or print

OMB No. 1545-0045
Expires 11-99

Part I Complete This Part To Change Your Home Mailing Address

Check ALL boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐ 1
- 2 ☐ Employment tax returns for household employees (Forms 942, 940, and 940-EZ)
▶ Enter your employer identification number here ☐
- 3 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 709, enter the decedent's name and social security number below

▶ Name

▶ Social security number

4a Your name (first name, initial, and last name)

4b Your social security number

5a Spouse's name (first name, initial, and last name)

5b Spouse's social security number

6 Prior name(s). See instructions

7a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Apt. no.

7b Spouse's old address, if different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Apt. no.

8 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check ALL boxes this change affects:

- 9 ☒ Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)
- 10 ☐ Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.
- 11 ☒ Business location

12a Business name

R. P. TOURS & TRANSPORTATION, CORP

12b Employer identification number
65 0676751

13 Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

3716 N.E. 168TH STREET NORTH MIAMI BEACH FLORIDA 33160

403

14 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

18100 N.E. 19TH AVENUE NORTH MIAMI BEACH FLORIDA 33162

101

15 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.

Room or suite no.

SAME

Part III Signature

Please
Sign
Here

Daytime telephone number of person to be called (optional)

(305) 775-5467

Your signature

Date

If Part II completed, signature of owner, officer, or representative Date

If joint return, spouse's signature

Date

Title

PRESIDENT - DIRECTOR