

*Handwritten signature and number 960006992*

8/12/96  
 ((H9600011173))  
 TO: DIVISION OF CORPORATIONS FROM: LOWNDES, DROSDICK, DOSTER,  
 KANTOR &  
 DEPARTMENT OF STATE  
 STATE OF FLORIDA  
 409 EAST GAINES STREET  
 TALLAHASSEE, FL 32399  
 FAX: (904) 922-4000  
 ((H9600011173))  
 P.A.

215 N HOLA DR  
 ORLANDO FL 32801-  
 CONTACT: PATTIE M CALLAHAN  
 PHONE: (407) 843-4600  
 FAX: (407) 423-4495  
 DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR  
 P.A.

NAME: TROPICAL FLORIDA TOURS, INC.  
 FAX AUDIT NUMBER: H9600011173  
 DATE REQUESTED: 08/12/1996  
 CERTIFIED COPIES: 1  
 NUMBER OF PAGES: 2  
 ESTIMATED CHARGE: \$122.50  
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 CERTIFICATE OF STATUS: 0  
 METHOD OF DELIVERY: FAX  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*Handwritten signature and date 8/13*

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 DIVISION OF CORPORATIONS

H96000011173

**ARTICLES OF INCORPORATION**  
**OF**  
**TROPICAL FLORIDA TOURS, INC.**  
**ARTICLE I - NAME**

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**TALLAHASSEE, FLORIDA**

The name of this corporation is TROPICAL FLORIDA TOURS, INC.

**ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS**

The street address of the principal office and the mailing address of the corporation shall be 5784 Tamarack Drive, Orlando, Florida 32819.

**ARTICLE III - CAPITAL STOCK**

This corporation is authorized to issue one thousand (1,000) shares of ONE AND NO/100 DOLLAR (\$1.00) par value common stock.

**ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of this corporation at that address is Michael R. Gibbons.

**ARTICLE V - INITIAL BOARD OF DIRECTORS**

This corporation shall have two (2) directors initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the corporation, but shall never be less than one (1). The name and address of the initial director are as follows:

Dilermando Souza

5784 Tamarack Drive  
Orlando, Florida 32819

Isis Souza

5784 Tamarack Drive  
Orlando, Florida 32819

2816641CALLAHPM

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This document was prepared by:  
Michael R. Gibbons, Esq.  
 Florida Bar Number: 864625  
 Lowndes, Drosdick, Doster, Kantor & Reed, P.A.  
 P. O. Box 2809  
 Orlando, Florida 32802-2809  
 (407) 843-4600

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**ARTICLE VI - INCORPORATOR**

The name and address of the person signing these Articles are as follows:

Michael R. Gibbons

215 North Eola Drive  
Orlando, Florida 32801

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 12th day of August, 1996.

  
Michael R. Gibbons, Incorporator


**ACCEPTANCE OF REGISTERED AGENT**

The undersigned hereby accepts the designation as Registered Agent of TROPICAL FLORIDA TOURS, INC.

  
Michael R. Gibbons

**WAIVER OF SUBSCRIPTION RIGHTS**

The undersigned hereby waives any rights of subscription which may have accrued by virtue of the undersigned acting as Incorporator of TROPICAL FLORIDA TOURS, INC.

  
Michael R. Gibbons

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