TRANSMITTAL LETTER

Defarting of Samuel Source, INC.

, C 2 C 1 C 1 C 1	(Proposed corporate name - must include suffix)
	200020178628 2000201786201090018 -12/03/9601090018 *****70.00

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

\$70.00 Filing Fee

□ \$78.75
Filing Fee
& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRES

FROM: STACK E. KARGE

Name (Printed or typed)

10 10 BROADWAY ST.

Address

ALTAMONTE SPRINGS, FL. 32714

City, State & Zip

Daytime Telephone number

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

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:

Your INHOUSE TRAVEL Source, Inc.

96 DEC -2 AN IO: 36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

EFFECTIVE BY

1010 BROADWAY ST. Altamonte Springs, Fl. 32714

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:

STACY E. BARGE 1010 BROADWAY St. Altamont Springs, FL 32714

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):

STACY E. KARGE 1010 Broadway St. Altamonte Springs, FL.

Michelle Titus 710 EAST COURT Longwood, Fl. 32750

The undersigned incorporator(s) has(have) excess

25th day of November, 1996

(An additional article must be added if an effective date is requested.) ARTICLE II:

(An additional article must be added if an effective date is requested.) Please make our Carporation effective January 1, 1997.

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

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 Your IN House Travel Sour	rce, l	2	
2.	The name and address of the registered agent and office is:			
	STACY E. KARLIE	SECRETARY OF STATE TALLAHASSEE FLORIDA	96 DEC	9
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	ARY OF S	-2 AH (1
	Altamonk Springs, FL. 32714	TATE)RIDA) : 36	

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.

Mg /1. 25. 96
(Date)