

*970002136419*

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

900002136419--6

-04/08/97--01069--028

\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. THI AFRICAN AMERICAN TOURIST GUIDE, INC.  
(Corporation Name) (Document #)

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

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

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

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 APR -8 PM 12:46

FILED

DIVISION OF CORPORATION

97 APR -8 AM 10:31

RECEIVED

## 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.

FILED  
97 APR - 8 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: *The African American Tourist Guide, Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
*3841 NE 2nd Ave., Suite 305, Miami, Florida 33137*

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *1,500*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:  
*Glenda McGueen, 3841 NE 2nd Ave., Suite 305, Miami, FL 33137*

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Glenda McQueen, 3841 NE 2nd Ave. Suite 305  
Miami, Florida 33137

**ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Glenda McQueen, 3800 NE 6th Ave., Miami, FL 33137  
Michael McQueen, 3800 NE 6th Ave., Miami, FL 33137  
Bargetta Evans, 214 Banger Dr., Charleston, S.C. 29406  
Nehel Brewster, 25010 SW 158 Ave., Miami, FL 33176

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7 day of April, 1997.

Glenda McQueen  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: The African American  
Tourist Guide, Inc.
2. The name and address of the registered agent and office is:  
Glenda McQueen  
(NAME)  
3841 NE 2nd Ave. Suite 305  
(P.O. BOX NOT ACCEPTABLE)  
Miami, FL 33137  
(CITY/STATE/ZIP)

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

Glenda McQueen

DATE

4/7/97

97 APR -8 PM 12:46  
FILED  
STATE  
CLERK  
OF  
FLORIDA

REGISTERED AGENT FILING FEE: \$35.00