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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

200002149152--5 -04/21/97--01103--006 *****181.25 *****131.25

SUBJECT: Thomas B Cook Travel Services Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original ar	nd one(1) copy of the artic	es 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 Cop & Certificate		
		ADDITIONAL CO	PY REQUIRED	97 APR 2 Vision of	
FROM:	Thomas Name	B Cook (Printed or typed) W 8 AV		CORPORATION	DENTED
	3s2 - 3	Address //e f / 326 y, State & Zip 76-366 Telephone number	HASSI	97 APR 18 PH 2: 21 SECRETARY OF STATE	ı

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be: Thomas B Cook Travel Services In
ARTICLE II PRINCIPAL OFFICE
The principal place of husiness and mailing address of this corporation shall be
The principal place of cusiness and maning address of this corporation shall be.
101 Se Z Pl, gaines ville, fl 326\$1
ADMICE D. TITLE COLLABOR
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 Florida street address of the initial registered agent are: Thomas B Cook 1636 NW8 Ave Games hille, fl
1/2/ A// O A
1636 NW8 TIVE
Jamashillo 7
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are: 32603-1004
The manie and acturess of the incorporator to these Africas of Incorporation are:
Same as about

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/Registered Agent Date