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

J. A. TOURS CORP.

(Proposed corporate name - must include suffix)

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** 

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: DIGO TURCOS

Name (Printed or typed)

10839 SW 88 St apt #250

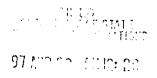
MIRMI # 33176

City, State & Zip

(305)270-3384

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

# ARTICLES OF INCORPORATION OF J.A. TOURS CORP.



I, the undersigned, do hereby execute, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the laws of the State of Florida.

#### ARTICLE I

The name of the Corporation shall be: J.A.TOURS CORP.

#### ARTICLE II PRINCIPAL OFFICE

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

7726 S.W.102 Pl Miami, Fl 33173

#### ARTICLE III SHARES

This corporation is authorized to issue One Thousand (1000) shares of common stock with a par value of \$5.00.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent of the corporation is:

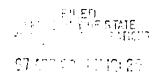
Alba López 7726 S.W. 102 Pl Miami, Fl 33173

#### ARTICLE V INCORPORATOR

The name and street address of the incorporator of this corporation is:

Alba López 7726 S.W. 102 PI Miami , Fi 33173 The undersigned incorporator has executed these Articles of Incorporation this  $24^{\text{th}}$  day of April of 1997.

ALBA LOPEZ



## 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 J. A. TOURS CORP.
2. The name and address of the registered agent and office is:
ALba Lopez.
(NAME)  7726 SW 102 P/  (P. O. Box of Mail Drop Box NOT ACCEPTABLE)
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)
MIRMI FL 33173 (CITY/STATE/ZIP)
(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) 4/24/97 (DATE)