CAPITAL CONNECTION, INC. 417 B. Virgluin Street, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222 Golden Coast 102 Services, Im.

	5/21
Signature	
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Art of Inc. File
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Foreign Corp. File ****122.50 ****122.50
L.C. File
Fictitious Name File
Name Reservation
Merger File
Art. of Amend. File
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Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing 37 77
Certificate of Status
Certificate of Fictitious Name
Corp Record Search 8
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

ARTICLES OF INCORPORATION OF GOLDEN COAST TOUR SERVICES, INC.

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

Article I, Name

The name of the corporation shall be: Golden Coast Tour Services, Inc.

Article II, Mailing Address
The mailing address of this corporation shall be: 8755, Alegre Circle, Orlando, Fl., 32819.

Article III, Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 Shares with \$ 1.00 Par Value.

Article IV, Initial Registered Agent and Street Address
The name and address of the initial registered agent is:
Donald A. Sutton
5850 Lakehurst Drive suite 100, Orlando, Fl., 32819.

Article V, Incorporator.

The name and address of the Incorporator to these Articles of Incorporation is:

Donald A. Sutton Address 5850 Lakehurst Drive suite 100, Orlando, FL., 32819.

Continuation, Page 2

Article VI, Purpose.

The purpose of this corporation shall be to commerce, sell, buy, import and export all types of merchandise goods and services, as well as to be the representative of other companies if so is desired and render services in the Travel business area as well. This Corporation will trade with international and national corporations and individuals alike, always respecting the regulations existing in those areas. These objectives should not affect the capability to do all other businesses under the Laws of the United States of America and the State of Florida.

Article VII, Initial Board of Directors and Officers.

The names and Post Office Addresses of the members of the first board of directors and Officers are:

Nelson Joaquim Moreira Madureira - President and Director

Postal address at:

8755 Alegre Circle Orlando, FI 32819

Gustavo Beltrão Rangel - VP, Treasurer, Secretary

Postal address at:

8755 Alegre Circle, Orlando, FI 32819

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<u>Affidavit</u>

State of Florida, Orange County.

Before me this day personally appeared Donald A. Sutton , who being duly sworn, depose and say that she is the Incorporator of Golden Coast Tour Services, Inc., and is hereby duly authorized, responsible and apt to Incorporate according to the Statutes or the State of Florida.

Donald A. Sutton

Sworn to and subscribed before me this May 21st, 1997

LINDA M BASTOS NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC574644 MY COMMISSION EXP. AUG. 5,2000

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

-LORIDA.	
1. The name of the corporation is: GOLDEN COAST TOUR SERVICES INC.	
2. The name and address of the registered agent and office is:	
DONALD A. SUTTON (Name) SECRETARY OF STATE (P.O. Box not acceptable) OCLando, FL 32819 (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)	
STATE OF FLORIDA OFFICIAL NOTARYSEAL	

COUNTY OF Drange

The foregoing instrument was acknowledged before me this 22 day of 142, 1957, by 2000 1

Personally Known OR Produced Identification Type of Identification Produced None Required

OFFICIAL NOTARY SEAL LINDA M BASTOS NOTARY PUBLIC STATE OF FLOSIDA COMMISSION NO, CC574644 MY COMMISSION EXP. AUG. 5,2000

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