

P9800000856

TRANSMITTAL LETTER

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

SUBJECT: ALL INCLUSIVE TRAVEL, INC.
(Proposed corporate name - must include suffix)

700002411767--6
-01/26/98--01082--024
****131.25 ****131.25

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 REQUIRED

FROM: SALU DEVNANI
Name (Printed or typed)
785 N. BAYSHORE DRIVE
Address
SAFETY HARBOR FL. 34695-3131
City, State & Zip
813-726-4101
Daytime Telephone number

FILED
98 JAN 26 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Handwritten signature]

ORIGINAL

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:

ALL INCLUSIVE TRAVEL, INC.

ARTICLE II PRINCIPAL OFFICE

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

1348 DINSMORE COURT
NEW PORT RICHEY, FL. 34655

ARTICLE III SHARES

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

1,000. (ONE THOUSAND) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SALU DEVNANI 785 N. BAYSHORE DRIVE
SAFETY HARBOR FLORIDA 34695-3131

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SALU DEVNANI
785 N. BAYSHORE DRIVE
SAFETY HARBOR, FL. 34695-3131

Salu Devnani

Signature/Incorporator

1/17/1998

Date

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

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

Salu Devnani

Signature/Registered Agent

1/17/1998

Date

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TALLAHASSEE, FLORIDA