# TRANSMITTAL LETTER Pepartment of State TRANSMITTAL LETTER Department of State

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

SUBJECT:	ECONOMIC /Rips	INC.					
(Proposed corporate name - must include suffix)							
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Enclosed is an o	riginal and one(1) copy of the article	s of incorporation and a	check for:				
☐ \$70.0 Filing Fo		□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate				
	ADDITIONAL COPY REQUIRED						
FROM: MIGGE BUSTAMANTE SUNTER PROBLEM Name (Printed or typed)							
5345 PALM Ridge Blvd.							
Delray Beach, FL 33484-1116 City, State & Zip							
Daytime Telephone number							

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

6,10

#### 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.

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The name of the corporation shall be: ECONOMIC TRIPS, INC.

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3:19	RATIONS

#### ARTICLE II PRINCIPAL OFFICE

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

5345 PAIM Ridge Blod. Delray Beach FL, 33484

### <u>ARTICLE III SHARES</u>

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

35,

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MiGuel A. Bustamente 114 Palmino circle Boca Raton, FL, 33487

# ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Miguel A. Bustamante

5345 PAIM Ridge Blud - Debray Beach, F1 33484

Signature/Incorporator

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

Signature/Registered Agent

Data