

P 98000056406

TRANSMITTAL LETTER

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

SUBJECT: Jabot Travel Agency Inc.
(Proposed corporate name - must include suffix)

100002567931--6
-06/22/98--01078--011
*****78.75 *****78.75

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: Lorraine Gordon
Name (Printed or typed)

17440 NW 67th Place
Address

Miami Lakes FL 33015
City, State & Zip

305-556-5719
Daytime Telephone number

Lorraine GAVE

AUTHORIZATION BY PHONE TO

CORRECT ad. 1

DATE 6/24/98

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

FILED
98 JUN 22 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This was
already fixed
when I read it.

TA-6/24/98

Jabot Travel Agency Inc.
8004 NW 154th Street
Suite 367
Miami Lakes Fl 33016

Listed below are the following articles to incorporate the above mentioned agency.

Article I **Name**

JABOT TRAVEL AGENCY INC.

Article II **Principal Office**

Principal Place of Business

17440 NW 67th Place Apt I
Miami Lakes Fl 33015

Mailing Address

8004 NW 154th Street Suite 367
Miami Lakes Florida 33016

Articles III **Shares**

100 Shares

Article IV **Registered Agent**

Lorraine Gordon
17440 NW 67th Place Apt I
Miami Lakes Fl 33015

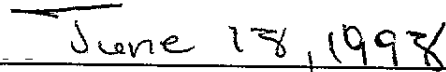
Article V **Incorporator**

Lorraine Gordon
17440 NW 67th Place Apt I
Miami Lakes Fl 33015

FILED
98 JUN 22 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

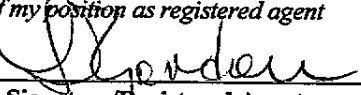


Signature/Incorporator

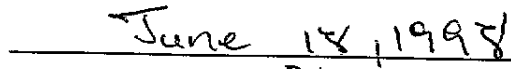


Date

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