

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

100002617641--1 -08/17/98--01094--011 ****131.25 ****131.25

SUBJECT: Panama E-Z Travel, Inc.
(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

\$78.75

\$122.50

\$131.25

Filing Fee

Filing Fee

Filing Fee

Filing Fee, Certified Copy

& Certificate

& Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Roy Miller, CPA Name (Printed or typed)	
8834-14 GOODBY'S EXEC. De. Address	98 SE(
JACKSONVILLE, FL 32217 City, State & Zip	FIL NIG I CRETAR LAHASS
(904) 731- 4846 Daytime Telephone number	Y OF STA
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NOTE: Please provide the original and one copy of the articles.

8,30 as

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: Panama E-Z Travel, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2564 White Horse Rd. W. Jacksonville, FL 32246

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Orlando Gomez Diaz 2564 White Horse Rd. W. Jacksonville, FL 32246

ARTICLE V INCORPORATOR

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

Orlando Gomez Diaz 2564 White Horse Rd. W. Jacksonville, FL 32246 98 AUG 17 AM 9: 10 BECRETARY OF STATE ALLAHASSEE, FLORIDA

Signature/Incorporator

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(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

Date