TRANSMITTAL LETTER

P9800073305

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

SUBJECT:		NS TRAVEL SER	
	(Proposed	corporate name - must include su	tffix)
Enclosed is an origina	and one(1) copy of the a	articles of incorporation and a	check for :
\$70.00 Filing Fee	\$\frac{\mathbb{M}}{2} \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	W.BRETT. AND VICKIE G- POLLOCK Name (Printed or typed)		
13413 2ND AVENUE EAST Address			
	BRADENTON	FL 3420 City, State & Zip	
(941) 749-0496 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purposes 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:

Far Horizons Travel Service, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3138 53rd Avenue East Bradenton, Florida 34203

ARTICLE III SHARES

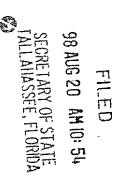
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

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:

Vickie G. Pollock 13413 2nd Avenue East Bradenton, Florida 34202



ARTICLE V INCORPORATOR

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

W. Brett and Vickie G. Pollock 13413 2nd Avenue East Bradenton, Florida 34202

Signature/Incorporator

Date

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

98 AUG 20 AM 10: 54
SECRETARY OF STATE
TALL ANASSEF FLORIDA