

P. O. Box 6327
Tallahassee, FL 32314

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LEVCORP TRAVEL PLANNERS, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and	l one(1) copy of a	the articles of incor	poration and a check for:
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\$70.00 Filing Fee

\$78.75 Filing Fee

Filing Fee & Certificate □\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: VAL PETERSON

Name (Printed or typed)

17923 CLEAR LAKE DRIVE

Address

**LUTZ, FLORIDA 33549** 

City, State & Zip

(813) 948-2139

Daytime Telephone number

99 FEB - 1 AN 8: 41
SECRE DARY OF STATE
TALLAHASSEE FLORIO

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



# 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:

LEVCORP TRAVEL PLANNERS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 17923 CLEAR LAKE DRIVE LUTZ, FLORIDA 33549

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

# INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

VAL PETERSON 17923 CLEAR LAKE DRIVE LUTZ, FLORIDA 33549

#### ARTICLE V **INCORPORATOR**

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

VAL PETERSON 17923 CLEAR LAKE DRIVE LUTZ, FLORIDA 33549

**VAL PETERSON** 

(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 wit 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

**VAL PETERSON**