4078626193 ROBERT F HOOGLAND PA

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314	i	20	00028086520 -03717/9901023009 ****131.25 *****87.50	
SUBJECT:	otel Gu	des, INC.	ffix)	
Englared is an actainst on	.1		EFFECTIVE DATE 3=10-99	
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:	Hotel Name (Pri	inted or typed)	NC PS	
P.O. Box 160158 = 55 FEB 28				
City, State & Zip PR wgs, FC 3 =716 -				
407 - 834 - 8909 = 01.58 Daytime Telephone number				

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



Hotel Guides, Inc.

ARTICLE ONE

The name of the corporation is Hotel Guides, Inc.

ARTICLE TWO

The principal place of business shall be located at 927 Hickory Street, Seminole County, Altamonte Springs, FL 32701 and the mailing address shall be Post Office Box 160158, Altamonte Springs, FL 32716-0158.

ARTICLE THREE

The aggregate number of shares which the corporation is authorized to issue is five hundred (500). Such shares shall have a par value of one dollar (\$1.00) per share.

ARTICLE FOUR

The initial registered agent is Richard J. McHenry, Sr.. His street address is 927 Hickory Street, Seminole County, Altamonte Springs, FL 32701.

ARTICLE FIVE

The incorporator of this corporation is Richard J. McHenry, Sr. His street address is 927 Hickory Street, Seminole County, Altamonte Springs, FL 32701.

ARTICLE SIX

The effective date of this incorporation is March 10, 1999.

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 performances of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature / Registered Agent

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