

TRANSMITTAL LETTER

99000053321

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

SUBJECT: Hospitality Navigator, Inc.  
(Proposed corporate name - must include suffix)

4000002900774--3  
-06/10/99--01065--005  
\*\*\*\*\*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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Southwest Professional Services of Fort Myers, Inc.  
Name (Printed or typed)

13611 McGregor Blvd

Address

Fort Myers, FL 33919

City, State & Zip

941-481-4444

Daytime Telephone number

FILED  
99 JUN 10 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CD  
5-11-99  
2

## 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:

Hospitality Navigator, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

533 Keenan Ave  
Fort Myers, FL 33919

### **ARTICLE III SHARES**

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

1000 Shares

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Joann Haley  
533 Keenan Ave  
Fort Myers, FL 33919

### **ARTICLE V INCORPORATOR**

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

Joann Haley  
533 Keenan Ave  
Fort Myers, FL 33919

6/2/99

  
Signature/Incorporator

Date

(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

6/2/99

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA