

OFFICE USE ONLY (Document #)

LAGARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

800002944968--5  
-07/29/99--01043--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CHRISTIAN INTERNATIONAL FAMILY  
(Corporation Name) (Document #)

2. TRAVEL, INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

FILED  
99 JUL 29 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I: NAME

The name of the corporation shall be:

CHRISTIAN INTERNATIONAL FAMILY TRAVEL INC

### ARTICLE II: PRINCIPAL OFFICE

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

800 N.E. 12 Ave. Apto. E 123  
Homestead. FL. 33030

### ARTICLE III: SHARES

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

1,000

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

The name and address of the initial registered agent is:

*Enzo Diaz Blanco*

CHRISTIAN INTERNATIONAL FAMILY TRAVEL  
800 N.E. 12 Ave. Apto. E 123  
Homestead. FL. 33030

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TALLAHASSEE FLORIDA

ARTICLE V: INCORPORATOR (S)

The name(s) and street address (es) of the incorporator (s) to these Articles of Incorporation is (are):

Carlos Diaz Blanco

800 NE 12 Ave. Apto. E 123  
Homestead, FL. 33030

ARTICLE VI: DIRECTOR (S)

The name(s) and street address (es) of the director(s) of these Articles of Incorporation is (are):

Carlos Diaz Blanco

800 N.E 12 Ave. Apto. E 123  
Homestead, FL. 33030

The undersigned incorporator (s) has (have) executed these Articles of

Incorporation this 07-27-99

A handwritten signature in cursive script, appearing to read 'C. Diaz Blanco', is written over a horizontal line.

SIGNATURE

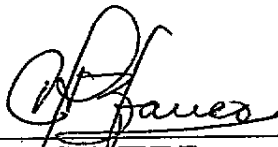
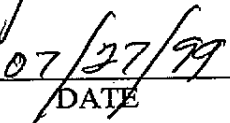
Articles of Incorporation  
Filing Fee- \$35.00

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0505, Florida Statutes, the

Carlos Diaz Blanco. President  
800 N.E 12 Ave. Apto. E 123  
Homestead, FL. 33030

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  
  
  
\_\_\_\_\_  
DATE

REGISTERED AGENT FILING FEE: \$35.00

**FILED**  
99 JUL 29 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA