

PP900087842

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LAZARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

000003005610--5

-10/05/99-01057-008

*****78.75 *****78.75

OFFICE USE ONLY

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

1. V.V. TRAVEL, INC.
(Corporation Name) (Document #)
2. _____
(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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
99 OCT -5 PM 12:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA
RECEIVED
99 OCT -5 AM 11:14
TALLAHASSEE FLORIDA

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 **V.V TRAVEL , INC.**

ARTICLE II PRINCIPAL OFFICE

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

**11300 NW 87 th COURT SUITE 158
HIALEAH GARDENS, FL, 33016.**

ARTICLE III SHARES

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

This corporation is authorized to issue 100 shares of \$ 1.00 par value common stock which shall be designated to 50 % of president. and 50% of vice-president.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

**LIVIA EXCELSA NODARSE
11300 NW 87th Court, Suite 158
Hialeah, Fl, 33016.**

99 OCT -5 PM 12:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLE V INCORPORATOR(S)

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

LIVIA EXCELSA NODARSE
11300 NW 87 th Court # 158
Hialeah Gardens, Fl, 33016

VILMA MESA
11300 NW 87 th Court # 158
Hialeah Gardens, Fl, 33016

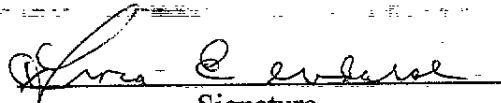
ARTICLE VI DIRECTOR(S)

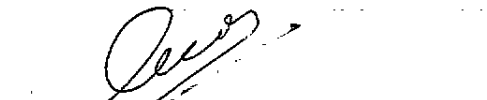
The name and street address(es) of the director(s) to these Articles of Incorporation is (are):

**LIVIA EXCELSA NODARSE: 5460 West 21 Court # 111
Hialeah, Fl, 33016.**

**VILMA MESA: 11634 NW 89 Place
Hialeah Gardens, Fl, 33018.**

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this
20 day of September, 1999.


Signature


Signature

Articles of Incorporation
Filing Fee-\$ 35

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **V.V. TRAVEL ,INC.**

2. The name and address of the registered agent and office is:

LIVIA EXCELSA NODARSE

(NAME)

11300 NW 87 TH COURT Suite 158

(P.O.BOX NOT ACCEPTABLE)

HIALEAH GARDENS, FL, 33016

(CITY/STATE/ZIP)

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 *Livia Excelsa Nodarse*

DATE

REGISTERED AGENT FILING FEE: \$ 35.00

FILED
99 OCT -5 PM 12:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA