PHONE NO.: 7273975189

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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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From:

Account Name : AL CLARK Account Number : 072100000173 Phone : (727)398-6011

Fax Number

: (727)397-5189

FLORIDA PROFIT CORPORATION OR P.A.

TRAVEL WAVES, INC.

Certificate of Status	0
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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

TRAVEL WAVES, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

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

241 24TH AVENUE N. ST.PETERSBURG, FL.33704

ARTICLE III SHARES

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

1000 SHARES NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: RONALD LEGORE Address: 241 24TH AVENUE N. ST.PETERSBURG, FL.33704

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

PH # 727-895-8011

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ARTICLE V DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is One (1) and the name(s) and address(es) of the person(s) who is to serve as director(s) until the first annual meeting of shareholders or until his or her successor(s) is(are) elected and qualified is(are):

RONALD LEGORE 241 24TH AVENUE N. ST.PETERSBURG, FL.33704

> - PRESIDENT -RONALD LEGORE

ARTICLE VI INCORPORATOR(S)

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

> RONALD LEGORE 241 24TH AVENUE N. ST.PETERSBURG, FL.33704

The undersigned	incorporate	or(s) has (have) exe	cuted these Arti	cles of Incorporati	on this	
_2 ND	day of	NOVEMBER, 19	99			
(An additio	onal article	must be added if an	n effective date is	requested.)		
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Notarization is not required

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:

TRAVEL WAVES, INC.

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

Accounting & Tax Help, INC. (Name)

8668 PARK BLVD., Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (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)

PRESIDENT

_DATE <u>//-2-99</u>

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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