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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

ASTRID TOURS, INC.

Certificate of Status	0
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N. Culligan NOV. 8 1999

ARTICLES OF INCORPORATION OF
Astrid Tours, Inc.

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 this corporation is Astrid Tours, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6555 NW 36th St No 204
Miami, FL 33166

ARTICLE III SHARES

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

1000 shares of \$1.00 per value common stock

ARTICLE IV INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

<u>NAME</u>	<u>ADDRESS</u>
Astrid E Correa President, Secretary	6555 NW 36 th St No 204 Miami, FL 33166

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Astrid E Correa
6555 NW 36th St No 204
Miami, FL 33174

ARTICLE VI INCORPORATOR

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

Astrid E Correa
6555 NW 36th St No 204
Miami, FL 33174


Astrid E Correa

November 6th, 1999
Date

ACKNOWLEDGMENT:

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.


Astrid E Correa

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TALLAHASSEE, FLORIDA

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