## TRANSMITTAL LETTER

Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 220 Olivewood C 407-973-1010 Daytime Telephone number

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

(A) 1230 GO

Department of State

Division of Corporations

P. O. Box 6327



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 20, 1999

JACK WITHROW 220 OLIVEWOOD COURT KISSIMMEE, FL 34743

SUBJECT: FAME TOURS, INC. Ref. Number: W99000028959

We have received your document for FAME TOURS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Cheryl Gallmon-Case Document Specialist

Letter Number: 199A00059509

## AŘTICLES 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. NAME RTICLE I The name of the corporation shall be: FAME TOURS, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: Olivewood Ct. Kissimmee, Pl. 34743 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: 2483 Shelby Circle Kissimmee, Fl. 34743 The name and address of the incorporator to these Articles of Incorporation are: JACK Withrow 220 Olivewood Ct. Kissimmer Fl. 34743 Signature/Incorporator

(An additional article must be added if an effective date is requested.)

certificate, I hereby accept the appointment as registered agen- provisions of all statutes relating to the proper and complet	f process for the above stated corporation at the place designated in this at and agree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	12/14/99
Simple Paristaved Agent	Date