## forida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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## FLORIDA PROFIT/NON PROFIT CORPORATION SKY RAY TRAVEL CORP

Certificate of Status	0
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Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
SKY RAY TRAVEL CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  950 SW 57 AVe. APto 348
950 SW 57 Ave Apto 348 West miame, FL, 33144
MIAMI
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEES:
MARÍA de LOS Angeles Legra RAMIREZ PRESIDENT  DAYLIN PLACER FLEITAS.  Vice-President
PRESident
DAYLIN PLACER FLECTAS.
Vice-President
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:
MARIA de Los Angeles Leyva Rymirez
950 Sus 52 Aug 11/10 348
West Niami, Miami, FL, 33144
wish plane ) para my
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Maria de Los Hngeles Leyva Ramirez
950 SW 57 Ave Apto 348
West miani, Miani, Fd, 33144

EIN: 33 - 300 4863

## Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 01/21/2625

I submit this document and affirm that the facts stated herein are true I am aware that the false information submitted in a document to the Department of S are constitutes a third degree felony as proyided for in s.817.155, F.S.

Incorporator

01/21/2025 Ene

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