F0300001732

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400015280704

04/07/03--01092--007 **87.50

18 16 A. L. U. 11 ED

F03-1132 CxL

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: PASSAGE TO ADVENTURE, INC.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Jonathan J. Lichtman, Esq.
(Name of Person)
Levinson & Lichtman, LLP
(Firm/Company)
120 East Palmetto Park Road, Suite 100
(Address)
Boca Raton, FL 33432
(City/State and Zip code)
For further information concerning this matter, please call:
Jonathan J. Lichtman at (561) 869-3600 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	-
1. Passage to Adventure, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	=
2. Hawaii357-1137912	_
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 10/3/00 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	=
6. Upon qualification	_
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 3543 Lower Honoapiilani Road, Suite H-407, Lahaina, HI 96761 (Principal office address) Same as above	
(Current mailing address)	
8. Provide boating and tourist activities and manufacture and sales of rectational div (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) equipment 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Jonathan J. Lichtman, P.A.	
Office Address: 120 E. Palmetto Park Rd., Ste. 100	æ
Boca Raton , Florida 33432 (City) (Zip code)	f su

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:	Loren Floyd Offen					<u></u>
Address: _	3543 Lower Honoapiilani Rd., Suite H-407			·	·9	
	Lahaina, HI 96761		<u>07.5</u>			
149. Vice Chairn	nan:James Wolf Offen					
Address: _	2829 East Hamilton Ave.			·		
	Fresno, CA 93722		- 		<u> </u>	<u>.</u>
Director: _			<u>e a </u>	·		·
Address: _		· · · · · · · · · · · · · · · · · · ·	<u></u>			·=*·
				<u>. </u>		
Director: _		<u> </u>	<u></u>			
Address: _		 .			y, N	<u></u>
		_#-	<u></u>			
B. OFFIC	CERS					
President:	Loren Floyd Offen		<u>4</u>	· 15-1/2	8 () p	
	Same as above.				11 13	
			<u> </u>	155 155 155 155 155 155 155 155 155 155		
Vice Presid	ent: James Wolf Offen	<u>-</u>	4			Ö
Address: _	Same as above.				<u>ာ</u>	
_		765	~e:			د هوي د ر
Secretary:	Loren Floyd Offen	·· ·· · · · · · · · · · · · · · · · ·	. <u> </u>	-		
Address: _	<u> </u>	<u> </u>				<u></u>
Treasurer:	James Wolf Offen		<u> </u>	 _		<u></u>
Address: _			·	<i>:</i>		
NOTE: If	necessary, you may attach an addendum to the application listing add					
13	Joun Hand Offen preside to (Signature of Chairman, Vice Chairman, or any officer listed in	number 12 of	the ap	plicatio	n)	
14.						
	Loren Floyd Offen, President (Typed or printed name and capacity of person signing a	pplication)				



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

PASSAGE TO ADVENTURE, INC.

was incorporated under the laws of the State of Hawaii on 10/03/2000; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: March 14, 2003

Mark E. Rechtenwald

Director of Commerce and Consumer Affairs

