

F12000004116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

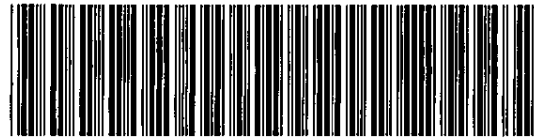
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~W12 45877~~

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10/09/12--01033--001    \*\*650.00

09/04/12--01034--008    \*\*87.50

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12 OCT -8 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ASTRO TRAVEL SERVICE INC. DBA TRAVEL LEADERS  
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," or "Certificate of Good Standing" 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:

Renee Armstrong-Knazik  
Name of Person

ASTRO TRAVEL SERVICE INC. DBA TRAVEL LEADERS  
Firm/Company

6200 SOM CENTER ROAD SUITE A-11  
Address

Solon Ohio 44139  
City/State and Zip code

astrotravelleaders@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Armstrong-Knazik at ( 440 ) 248 7740 x 209  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
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 & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2012

RENEE ARMSTRONG-KNAZIK  
6200 SOM CENTER ROAD SUITE A-11  
OLON, OH 44139

SUBJECT: ASTRO TRAVEL SERVICES INC  
Ref. Number: W12000045877

We have received your document for ASTRO TRAVEL SERVICES 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return the corrected 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 212A00022472

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. Astro Travel Service Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio (State or country under the law of which it is incorporated) 3. 341122328 (FBI number, if applicable)

4. 04-04-1973 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. October 15, 2011 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6200 Som Center Road Suite A-11 Solon Ohio 44139 (Principal office address)

6200 Som Center Road Suite A-11 Solon Ohio 44139 (Current mailing address)

8. Travel Agency - Travel Arrangements (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cynthia K. Sunderlin

Office Address: 7357 S Leewynn Drive

Sarasota, Florida 34240 (City) (Zip code)

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.

Cynthia K. Sunderlin (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.

FILED 12 OCT -8 PM 2:19 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

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

A. DIRECTORS

FILED

Chairman: \_\_\_\_\_ 12 OCT -8 PM 2-19

Address: \_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Donna Scicolone

Address: 34654 Bramble Lane  
Solon Ohio 44139

Vice President: John C. Gentile

Address: 30849 Fairmont Blvd.  
Pepper Pike Ohio 44124

Secretary: Doreen P. Gentile

Address: 30849 Fairmont Blvd. Pepper Pike Ohio 44124

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Donna Scicolone

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Donna Scicolone, President

(Typed or printed name and capacity of person signing application)

United States of America  
State of Ohio  
Office of the Secretary of State

FILED  
12 OCT -8 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ASTRO TRAVEL SERVICE, INC., an Ohio corporation, Charter No. 437765, having its principal location in Solon, County of Cuyahoga, was incorporated on April 04, 1973 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 11th day of June, A.D. 2012*

*Jon Husted*

Ohio Secretary of State

Validation Number: V2012162J2166B