

F/16000003922

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000217866 3))



H160002178663ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6323

From: Account Name : NRAI SERVICES, LLC
 Account Number : F20080000104
 Phone : (302)674-4089
 Fax Number : (302)674-5266

2016 SEP - 1 PM 8: 07
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: largall@hollandbarr.com

FOREIGN PROFIT/NONPROFIT CORPORATION
MUSEUM TOUR, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2016 SEP - 1 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

MUSEUM TOUR, INC.

1. (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. Nevada (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. June 10, 2013 (Date of incorporation) 5. (Date of duration, if other than perpetual)

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

7. 18101 SW Boones Ferry Road, Suite 200, Portland, Oregon 97224 (Principal office address)

2505 Anthem Village Drive, Suite E-1, Las Vegas, Nevada 89052 (Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip code)

2016 SEP - 1 PM 8:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

9. 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.

[Handwritten signature] (Registered agent's signature)

10. 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.

H16000217866 3

FILED

2016 SEP -1 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Stephen Fossler
2505 Anthem Village Drive, Suite E-1, Las Vegas, Nevada 89052
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

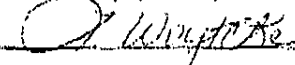
President: Stephen Fossler
2505 Anthem Village Drive, Suite E-1, Las Vegas, Nevada 89052
Address: _____

Vice President: Linda Woytke
18101 SW Boones Ferry Road Suite 200, Portland, OR 97224
Address: _____

Secretary: Stephen Fossler
2505 Anthem Village Drive, Suite E-1, Las Vegas, Nevada 89052
Address: _____

Treasurer: Stephen Fossler
2505 Anthem Village Drive, Suite E-1, Las Vegas, Nevada 89052
Address: _____

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

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Linda Woytke, Vice President

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

SECRETARY OF STATE



FILED
2016 SEP - 1 PM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MUSEUM TOUR, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 10, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 26, 2016.

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20160826-0243
You may verify this electronic certificate
online at <http://www.nvsos.gov/>