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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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GULF CASINO CRUISES, INC. 3408 Dover Road Pompano Beach, FL 33062

PILLEN SEE FOR HIS

May 10, 2004

Registration Section Department of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Application by Foreign Corporation for Authorization

to Transact Business in Florida

To Whom It May Concern:

Enclosed please find Gulf Casino Cruises, Inc.'s Application by a Foreign Corporation for Authorization to Transact Business in Florida and an original certificate of Good Standing. Please process these forms as required.

A check made payable to the Florida Department of State in the amount of \$87.50 is also enclosed. This check covers the cost of the filing fee for the application, Certificate of Status, and a certified Copy.

Thank you for your anticipated follow through in this matter.

Sincerely,

Paul Schwabe

Po Samala

Director

TRANSMITTAL LETTER

Division of Corpor			
SUBJECT: Gulf Casine	o Cruises, Inc.		
		n - must include suffix)	
Dear Sir or Madam:			
• •	by Foreign Corporation for a and check are submitted to rea.		
Please return all correspond	dence concerning this matter	to the following:	
Frank P. Crivello			
	(Name of	Person)	
Gulf Casino Cruises, In	ıc.		岩量人
	(Firm/Cor	npany)	1
3408 Dover Road			75000
	(Addr	ess)	THE F.
Pompano Beach, FL 33	3062		SE SE
	(City/State a	and Zip code)	DO TO
For further information cor	ncerning this matter, please c	all:	
Frank P. Crivello	at (954) 532-0240	
(Name of Person)		Code & Daytime Telephor	ne Number)
STREET ADDRESS:		MAILING ADDRESS: Registration Section	
Registration Section Division of Corporations		Division of Corporation	s
409 E. Gaines St.		P.O. Box 6327	
Tallahassee, FL 32399		Tallahassee, FL 32314	
Enclosed is a check for the	e 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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

0 6

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.

l.	Guii Casino Cri	uises, inc.	
	(Enter name of corp "Inc.," "Co.," "Corp.	oration; must include "INCORPORAT" "Inc," "Co," or "Corp.")	ime adopted for the purpose of transacting business in Florida. 3. (EEL number if marking business)
			The state of the s
	(If name unavailable	in Florida, enter alternate corporate na	ime adopted for the purpose of transacting business in Florida
	7 7-1		
2,	Delaware	er the law of which it is incorporated)	3. (FEI number, if applicable)
	(State of Country und	ter the law of which it is incorporated)	(FET flutinger, it applicable)
4.	May 5, 2004	<u></u>	5. perpetual
	(Date of	incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.	upon qualificati	ion	
	(Date first transacted	business in Florida. If corporation has	not transacted business in Florida, insert "upon qualification.")
		(SEE SECTIONS 607.1	501, 607.1502 and 817.155, F.S.)
7.	3408 Dover Roa	d, Pompano Beach, FL 33062	
		(Principal office	address)
	3408 Dover Roa	d, Pompano Beach, FL 33062	
		(Current mailing	address)
		(
0	Casino Cruises		
ο,		corporation authorized in home state of	or country to be carried out in state of Florida)
	·	•	•
9.	Name and street:	<u>address</u> of Florida registered ager	tt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)
	Name: Fra	nk P. Crivello	
			
О	ffice Address: 340	08 Dover Road	
	Pos	mpano Beach	Cl.,
		(City)	, Florida 33062 (Zip code)
		(0.03)	(Zip code)
). Registered agen		
H	aving been named	as registered agent and to accept se	ervice of process for the above stated corporation at the place
de c.	esignated in this ap	plication, I hereby accept the appointment of all attents	intment as registered agent and agree to act in this capacity. I
ju ar	iriner agree io com nd I am familiar wi	ply with the provisions of all statut th and accept the obligations of my	es relative to the proper and complete performance of my duties
***	z y 1121111111111 178	accept the oougunous of my	promon as regimerea agent
		MANO	
	-	(Registered agent's signatu	ıre)
		` U	•

- 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:	
Address:	
Vice Chairman:	
Address:	<u>, </u>
Director: Frank P. Crivello	<u>, C</u>
Address: 3408 Dover Road	: _ کی _
Pompano Beach, FL 33062	
Director: Paul L. Schwabe	
Address: 1818 North Farwell Avenue	
Milwaukee, WI 53202	
B. OFFICERS	
President: Frank P. Crivello	
Address: 3408 Dover Road	
Pompano Beach, FL 33062	
Vice President: Frank J. Orlando	
Address: 1818 North Farwell Avenue	
Milwaukee, WI 53202	
Secretary: Paul L. Schwabe	_
Address: 1818 North Farwell Avenue, Milwaukee, WI 53202	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application)	
(Signature of Director or Officer listed in number 12 of the application)	
Paul L. Schwabe, Director / Secretary (Typed or printed name and capacity of person signing application)	

Delaware

The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GULF CASINO CRUISES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MAY, A.D. 2004.





Warriet Smith Windson, Secretary of State

AUTHENTICATION: 3092823

DATE: 05-05-04

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