

# FD9000003785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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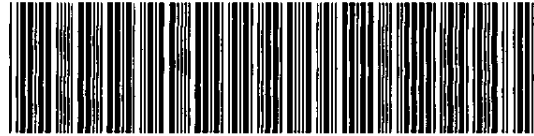
(Business Entity Name)

(Document Number)

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

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2009 SEP 22 P 4: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP. 23 2009  
D. A. WHITE

**FILED**

**COVER LETTER**

2009 SEP 22 P 4: 12

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Custom Vacations, 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," 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:

Michael Lanzone

Name of Person

Custom Vacations, Inc.

Firm/Company

2189 Northbrook Ridge, Kennesaw, Georgia 30152

Address

Kennesaw, Georgia 30152

City/State and Zip code

mike@customvacations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lanzone

Name of Person

at ( 770 ) 617-6927

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 Cop    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

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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. SEP 22 P 4: 12

1. Custom Vacations, Inc.

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

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

2. Georgia

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. July 20, 2007

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

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

7. 2189 Northbrook Ridge, Kennesaw, Georgia 30152

(Principal office address)

Same

(Current mailing address)

8. Any lawful purpose, including but not limited to planning and booking custom vacations with

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  
a focus on yacht charters.

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

Name:

Incorp Services, Inc.

Office Address:

1788 67th Court North

Loxahatchee

(City)

, Florida 33470

(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.

Cptal J. [Signature] on behalf of Incorp Services, Inc.  
(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:

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**A. DIRECTORS**

Chairman: N/A

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

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TALLAHASSEE, FLORIDA

Vice Chairman: N/A

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

Director: Michael Lanzone

Address: 2189 Northbrook Ridge, Kennesaw, Georgia 30152

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

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

**B. OFFICERS**

President: Michael Lanzone

Address: 2189 Northbrook Ridge

Kennesaw, Georgia 30152

Vice President: Sybilene Lanzone

Address: 2189 Northbrook Ridge

Kennesaw, Georgia 30152

Secretary: Sybilene Lanzone

Address: 2189 Northbrook Ridge, Kennesaw, Georgia 30152

Treasurer: Sybilene Lanzone

Address: 2189 Northbrook Ridge, Kennesaw, Georgia 30152

**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)

14. Michael Lanzone, President

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

Control No. 060437  
**FILED**

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

SEP 22 P 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### CUSTOM VACATIONS, INC.

#### Domestic Profit Corporation

was formed or was authorized to transact business on 07/20/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 3rd day of September, 2009

Karen C Handel  
Secretary of State