

F09000004114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

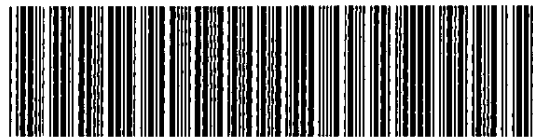
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

193-637-2553-
W09-44016



700160992397

10/01/09--01040--004 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 OCT 13 PM 4:15

10/19/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CRUON CRUISE OUTLET PLUS, 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:

DEBORAH ADAMS

Name of Person

CRUON CRUISE OUTLET PLUS, INC.

Firm/Company

70 WHITTIER HIGHWAY

Address

MOULTONBOROUGH, NH 03254

City/State and Zip code

CRUON@AOL.COM

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

For further information concerning this matter, please call:

DEBORAH ADAMS

Name of Person

at (603) 253-9116

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

2009 OCT 13 PM 4:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 OCT 13 PM 4:15

October 2, 2009

DEBORAH ADAMS
70 WHITTIER HIGHWAY
MOULTONBOROUGH, NH 03254

SUBJECT: CRUCON CRUISE OUTLET PLUS, INC.
Ref. Number: W09000044016

We have received your document for CRUCON CRUISE OUTLET PLUS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 709A00032036

**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. CRUCON CRUISE OUTLET PLUS, 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. MA

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

3. 04-3371034

(FEI number, if applicable)

4. 5/19/97

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "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. 70 WHITTIER HIGHWAY, MOULTONBOROUGH, NH 03254

(Principal office address)

(SAME AS ABOVE)

(Current mailing address)

8. CRUISE ONLY TRAVEL AGENCY SELLING & SERVICING RESERVATIONS MADE
(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)

IN NH
BY THE GENERAL PUBLIC
VIA PHONE OR INTERNET.

Name: CHARLES TAKACH

Office Address: 5049 N. A1A, UNIT 203

FORT PIERCE

(City)

, Florida

34949

(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.

Charles Takach

(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.

(IN HOUSE)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A. DIRECTORS

Chairman: _____

2009 OCT 13 PM 4:15

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SANDRA CLEARY
Address: 70 WHITTIER HIGHWAY, MOULTONBOROUGH, NH 03254

Vice President: DEBORAH ADAMS
Address: 70 WHITTIER HIGHWAY, MOULTONBOROUGH, NH 03254

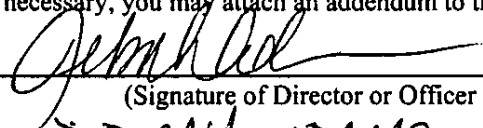
Secretary: _____

Address: _____

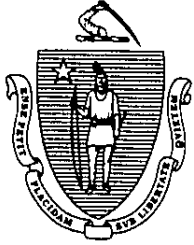
Treasurer: _____

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)

14. DEBORAH ADAMS
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

September 22, 2009

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

CRUCON CRUISE OUTLET PLUS, INC.

is a domestic corporation organized on **May 19, 1997**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 OCT 13 PM 4:15



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth