

To: Florida Dept of State  
Subject: 001495.117901

Division of Corporations

From: Kim Weisbach

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION  
LUXE TRAVEL MANAGEMENT INC.**

Certificate of Status	0
Certified Copy	1
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EP 1/20/10

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**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. LUXE TRAVEL MANAGEMENT INC.**

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

**2. California**

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

3.

(FBI number, if applicable)

**4. 9/8/2009**

(Date of incorporation)

**5. Perpetual**

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

**6. upon filing**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 16450 Bake Parkway, Suite 100, Irvine, CA 92618**

(Principal office address)

**16450 Bake Parkway, Suite 100, Irvine, CA 92618**

(Current mailing address)

**8. To operate a travel agency**

(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: Crystal Green

Office Address: 299 Camino Gardens Blvd, Suite 200

Boca Raton, Florida 33432  
(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.*

By: Crystal Green  
Crystal Green  
(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.**

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

A. DIRECTORS

Chairman: Craig G. Carter

Address: 53 Conocido, San Clemente, CA 92673

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

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

Director: Amy Carter

Address: 53 Conocido, San Clemente, CA 92673

Director: Richard Nord

Address: 16450 Bake Parkway, Suite 100, Irvine, CA 92618

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TALLAHASSEE, FLORIDA

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B. OFFICERS

President: Craig G. Carter

Address: 53 Conocido, San Clemente, CA 92673

Vice President: \_\_\_\_\_

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

Secretary: Richard Nord

Address: 16450 Bake Parkway, Suite 100, Irvine, CA 92618

Treasurer: Amy Carter

Address: 53 Conocido, San Clemente, CA 92673

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. Craig G. Carter, President

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

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**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

LUXE TRAVEL MANAGEMENT INC.

FILE NUMBER: C3228363  
FORMATION DATE: 09/08/2009  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of January 15, 2010.

A handwritten signature in black ink that appears to read "Debra Bowen".

DEBRA BOWEN  
Secretary of State