## 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.

(((H10000185351 3)))



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) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone fax Number : (850)878-5368

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

Email Ad	drose.		•		
THE MI	U1-E00.				 

## FOREIGN PROFIT/NONPROFIT CORPORATION

Central Getaway, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

T. Bush & G. 1 9 2010

https://efile.sunbiz.org/scripts/efilcovr.exe

8/18/2010

## COVER LETTER

TO;	New Filling Section Division of Corporations						
SHBJ	ECT: Central Getaway, Inc						
		ne of corporation - m	ust include suffix		一直阿		
		• "				=	
Dear S	r or Madam:	. •			1000	8	
"Cerțifi	closed."Application by Foreign Corpora cate of Existence," or "Certificate of Go- ced foreign corporation to transact busi	od Standing"and che	to Trensact Busin ick are submitted t	ness in Florida," o register the above	FOR SI	8 PH	
Please	return all correspondence concerning t	this matter to the follo	wing:			ڊب ~	
Nancy -	. Reich				_	t <sub>1</sub>	
		Name of Person					
18/-1	S A						
AAOICOIT	& Associates, PA	Firm/Company			-		-
5525 N	V 15th Avenue, Suite 203	Address			-		
		Managa					,
Fort Lat	derdale, FL 33309	tota			-		
	Cit	y/State and Zip code	;				
папсулб	eviation-cpa.net				-		
;	. : E-mail address: (to be	used for future annu	al report notification	n)			
For furt	her information concerning this matter,	please call:					
Nancy J	Reich	at (954) 763-9363					
<u> </u>	Name of Person		. Daytime Telepho	ne Number			
			•				
	A Company of the Company						
	STREET/COURIER ADDRESS:	:	MAILING ADDR	ESS:			
	New Filing Section		New Filing Section	on			
	Division of Corporations		Division of Corpo	prations			
	Clifton Building		P.O. Box 6327	2024			
	' ` 2661 Executive Center Circle Tallahassee, FL 32301		Tallehassee, FL	32314			
Enclose	d is a check for the following amount:						Ŧ
\$70.	00 Filing Fee X \$78.75 Filing Fee	&   \$78.75 Fi	ling Fee &	\$87.50 Filling Fee,			
***	Cartificate of St			Certificate of Status & Certified Copy			:

#### 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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

purpose of transacting business in Fforida)  27-3184270  (FEI number, if applicable)  on: Year corp, will cease to exist or "perpetual")  where to registration) etermine penalty liability)
27-3184270 (FEI number, if applicable) on: Year corp. will cease to exist or "perpetual")
27-3184270 (FEI number, if applicable) on: Year corp. will cease to exist or "perpetual") when to registration)
27-3184270 (FEI number, if applicable) on: Year corp. will cease to exist or "perpetual") when to registration)
on: Year corp. will cease to exist or "perpetual")
on: Year corp. will cease to exist or "perpetual")
on: Year corp. will cease to exist or "perpetual")
on: Year corp. will cease to exist or "perpetual")  rior to registration)
nior to registration)
etermine penalty liability)
to be carried out in state of Flurida)
ceptable)
• •
Florida
(Zip code)
(

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.

Madonna Cuddihy

11. Attached is a certificate of existence duly authenticated, not made 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.

(Registered agent's signature)

1 4

12 Norm	es and business addresses of officers and/or directors:	ران سند ران سند
		ر المستود المستود المستود
A. DIRE	CTORS ( )	
Chairman;		<u> </u>
Addross		71
		35
Vice Chairm	780f:	<u> ដូ</u> កា
Address;		
Director:		· · · · · · · · · · · · · · · · · · ·
•		
Addroso:		
•		
Director:		
Address:		
		<del></del>
B. OFFIC	7	
resident:	Giode M Genzalez	
	3925 yValnut Street	
_	Philadelphia, PA 19104	
ico Preside		
ddi <del>wss</del> : _		
-		
ecratory: _		
ckiresc: _		<del></del>
encurer: "_		
ddress: _		
OTE: If no	cessary, you may attach an addendum to the application listing additional officers and/or directors	<b>;.</b>
з. <u>Ұ</u>	Milare	
` :_	(5) 15 of Predfor or Officer listed in number 12 of the application)	
4G	loria M. Gonzalez (Typed or printed name and capacity of person signing application)	
	* * * * * * * * * * * * * * * * * * *	

والمناب والمالم

# Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL GETAWAY, 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 TWENTY-THIRD DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTRAL GETAWAY, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND AUG 18 PM 3: 24
SECRETARY OF STATE
TALL ARRESSED IN TAIL

4851724 8300

100768550

Tou may varify this certificate enline

AUTHENTICATION: 8131324

DATE: 07-23-10