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(Requestor's Name)	
(Address)	000189444
(Address)	000100+++0
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/06/110100701
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	TALLAHASSEE FLORIDA
	1000

Office Use Only

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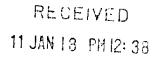


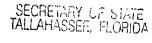
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**87.50

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ALL OVER TOURS 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:
James Stalter
Name of Person
ALL Over Tours INC
Firm/Company
5603 Brackenwood dr
Spring Hill Florida, 34609 City/State and Zip code
City/State and Zip code
Allovertoursinc@Gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Statter at (352) 584-2366 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
1
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 & \$78.75 Filing Fee & Certificate of Status Certified Copy





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 7, 2011

JAMES STALTER
ALL OVER TOURS INC
5603 BRACKENWOOD DR
SPRING HILL, FL 34609

SUBJECT: ALL OVER TOURS INC Ref. Number: W11000001196

We have received your document for ALL OVER TOURS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 511A00000703

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at

www.sunbiz.org.

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.

ALL Over Tours INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
ALL Over Tours INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Nevada 3. 30-0649818
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 14 2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 1st 2011
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7 5603 Brackenwood dr Spring Hill Florida 34609
(Principal office address)
5603 Brackenwood dr Spring Hill Florida 34609 (Current mailing address)
· · · · · · · · · · · · · · · · · · ·
8. That's where im going to do business (Register Vehicle)
(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: James Statter
Office Address: 5603 Bracken wood dr
SOM HM 100 , Florida 34609 7 3
(City) (Zip code)
10. Registered agent's assentance:
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.

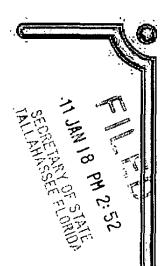
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

2. Names and business addresses of officers and/or directors:	
. DIRECTORS	
hairman: James Stalter	11 JAN 18 PM 2:52
ddress: 5603 Brackenwood dr	SECRETARY OF STATE
Spring HIN FL 34609	MOSEE FLORIDA
ice Chairman: James Stalter	
ddress: 5603 Brackenwooddr	
Spring Holl FC 34609	
irector: James Statter	
ddress: 5603 Bracken wood dr	
Spring HML FL 34609	
irector: James Stalter	
odress: 5603 Bracken wood dr	
Spring AML FL 34609	
OFFICERS	
esident: James Stalter	
Idress: 5603 Brackenwood dr	
Spring Hill FL 34609	
ce President: James Stalter	
ldress: 5603 Bracken wood or	
Spring Hill FC 34609	
cretary: James Stalter	
Idress: 5603 Bracken wood dr Spry HMI	fc 34609
easurer: James Stalter	
Idress: 5603 Brackenwood dr Spring	9 HAL FL 34609
OTE: If necessary, you may attach an addendum to the application listing	
Signature of Director or Officer ne officer or director signing this document (and who is listed in number 1 true and that he or she is aware that false information submitted in a doc ird degree felony as provided for in s.817.155, F.S.	2 above) affirms that the facts stated herein
James Stalter	







CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ALL OVER TOURS INC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 14, 2010, and is in good standing in this state.

SEAL OF THE PARTY OF THE PARTY

Electronic Certificate
Certificate Number: C20110110-3148
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 10, 2011.

ROSS MILLER Secretary of State