# F1200001093

(Re	questor's Name)	
(Address)		
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. (Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2012

TOM DUFFY CARAVAN TOURS, INC. 401 N MICHIGAN AVE CHICAGO, IL 60611

SUBJECT: CARAVAN TOURS, INC. Ref. Number: W12000009850

We have received your document for CARAVAN TOURS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6052.

Letter Number: 312A00007439

Pamela Smith Regulatory Specialist II

www.sunbiz.org

Division of Company tions D.O. DOV 6207 Mellaharman Florida 2021

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Caravan Tours	, Inc,
SUBJECT: Caravan Tours  Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Tom Duffy Name of	
Name of 1	Person
Caravan Tours, I	761
Firm/Com	pany
401 N. Michigan	Ave.
Addre	ess
401 N. Michigan Addre Chicago, IL City/State at tome Caravan	60611
City/State at	nd Zip code
tomecaravan	·lom
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
Name of Person Area (	321-9800 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 \$\sim \text{S78.75 Filing Fee & Certificate of Status}\$	1 \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ 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 FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (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) (State or country under the law of which it is incorporated)

S/10/1957

(Date of incorporation)

3. 36-2366787

(FEI number, if applicable)

Perpetual

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address)

(Same as above)

(Current mailing address) 8. Marketing tours to U.S. and foreign destinations
(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) Northwest Registered Agent LLC Name: 3111 W. Dr. MLK Blvd., STE 100-B180 Office Address: \_\_\_\_\_, Florida 33607 (Zip code) Tampa (City) 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. Dan Keen-Manager (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: A. DIRECTORS Chairman: Duffy Thomas Dennis Address: 401 N. Michigan Ave. Chicago IL 60611 Vice Chairman: 0 Afg Beatrice Address: 401 N. Michigan Ave. Chicago, Ic 60611 Director: Director: Address: \_\_\_ **B. OFFICERS** President: Duffy Thomas Dennis Address: 401 N. Michigan Ave. Chicago, IL 60611 Vice President: Duffy Beutrice Ni Michigan Ave. Chicago IL 60611 Address: 401 N. Michigan Ave., Chicago, IL 60611 Treasurer: Duffy, Thomas Dennis Address: 401 Ni Michigan AVP. Chicago. NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. T. Dennis Duffy, President (Typed or printed name and capacity of person signing application)

File Number

3695-874-0



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CARAVAN TOURS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 10, 1957, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this 15TH

day of

**FEBRUARY** 

A.D.

2012



Authentication #: 1204602580

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE