

W13-5668

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HAUNTED GHOST TOURS OF AMERICA, 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:

KENNETH W. TRAYLOR

Name of Person

HAUNTED GHOST TOURS OF AMERICA, INC.

Firm/Company

214 BELFAST LANE

Address

PICKENS, S.C. 29671

City/State and Zip code

HAUNTEDTOURS1@YAHOO.COM

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

For further information concerning this matter, please call:

KENNETH TRAYLOR at (828) 337-9937

Name of Person

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 Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 FEB -7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 29, 2013

KENNETH W. TAYLOR
214 BELFAST LN
PICKENS, SC 29671

SUBJECT: HAUNTED GHOST TOURS OF AMERICA, INC.
Ref. Number: W13000005668

We have received your document for HAUNTED GHOST TOURS OF AMERICA, 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):

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.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 813A00002216

**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. HAUNTED GHOST TOURS OF AMERICA, INC.

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

GHOST AND HAUNT TOURS OF AMERICA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NORTH CAROLINA

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

3. 20-1067524

(FEI number, if applicable)

4. 4/22/04

(Date of incorporation)

5. PERPETUAL

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

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 625 BROOK KNOLL CIRCLE WEAVERVILLE, NC 28787

(Principal office address)

214 BELFAST LANE PICKENS, SC 29671

(Current mailing address)

8. GUIDED TOURS

(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:

CAROLYN WOOD

Office Address:

1219 BENDER AVE

HOLLY HILL

(City)

, Florida 32117

(Zip code)

FILED
13 FEB -7 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Carolyn Wood

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
13 FEB -7 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS

President: KENNETH W. TRAYLOR

Address: 214 BELFAST LANE
PICKENS, S.C. 29671

Vice President: _____

Address: _____

Secretary: DELAS M. HOUSE JR.

Address: 130 OLD CHAPPEL RD, PICKENS, SC 29671

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Ken W. Traylor

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. KEN W. TRAYLOR PRESIDENT

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



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

HAUNTED GHOST TOURS OF AMERICA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of April, 2004, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

FILED
13 FEB - 7 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of February, 2013.

Elaine F. Marshall

Secretary of State