## P/3000003090

(Re	questor's Name)	,		
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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TAIL AHASSEE, FLORIDA

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## **COVER LETTER**

<b>FO:</b> New Filing Section Division of Corporate				-
<sub>SUBJECT:</sub> Viking	River Cruises	, Inc	<b>&gt;.</b>	
			- must include suffix	
Dear Sir or Madam:				
The enclosed "Applicatio "Certificate of Existence, above referenced foreign	" or "Certificate of Good	d Stan	ding" and check are sub	
Please return all correspon	ndence concerning this r	matter	to the following:	
Leah Talactac				
	Nan	ne of F	erson	
Viking River Cr	uises, Inc.			
		/Comp	pany	
5700 Canoga A	Avenue Suite 2	200		
Woodland Hills		Addre	SS	
	City/S	tate an	d Zip code	
leah.talactac@v				
For further information co	·		or future annual report r	otification)
Leah Talactac	<sub>at (</sub> 81	8	, 594-8445	
Name of Person	at (	Area C	594-8445 ode & Daytime Telepho	one Number
STREET/COUR New Filing Section Division of Corporation Building 2661 Executive Country Tallahassee, FL	orations Center Circle		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a check for th	e 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 &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		STATUTES, THE FOLLOWING IS SUBM BUSINESS IN THE STATE OF FLORIDA	IFU TO
L Viking Riv	ver Cruises, Inc.		E T
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	15 PH
Viking Cr	uises		FLO FLO
(If name unavaila		e adopted for the purpose of transacting busine	ss in Florifia)
<sub>2.</sub> California	3	2221662	<b>₽</b>
	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 03/06/200	00 5	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6			<u></u>
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
<sub>7.</sub> 5700 Cand	oga Avenue Suite 200 W	oodland Hills, CA 91367	
	(Principal office ad	dress)	
5700 Cand	oga Avenue Suite 200 Woo	odland Hills, CA 91367	
	(Current mailing ad	dress)	
。Travel Ad	ent with license to sell in	surance/travel protection	
· - <del></del>	of corporation authorized in home state or o		
9. Name and stree	t address of Florida registered agent: (P	.O. Box NOT acceptable)	
Name:	CT Corporation System		
Office Address:	1200 South Pine Island R	load	
	Plantation	, Florida 33324	
	(City)	(Zip code)	
Having been name designated in this further agree to co	application, I hereby accept the appoin	vice of process for the above stated corpo tment as registered agent and agree to ac relative to the proper and complete perfo of my position as registered agent.	et in this capacity. I
	In the Jordan CT C	nn Brown, Assistant Secretary orporation System	
	(Registered agent's	signature)	

<sup>11.</sup> 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: Torstein Hagen			
Address: Schafferweg 18, Basel CH-4057	700	بب	
	LL A	يخ	-T!
Vice Chairman:	HAS	15	
Address:	333	24	T
	FLC		
Cheri Stratton	— <del>77</del>	-	
Address: 5700 Canoga Avenue, Suite 200			
Woodland Hills CA 91367			
Director:			
Address:			
B. OFFICERS			
President: Milton Hugh			
Address: 5700 Canoga Avenue, Suite 200			
Woodland Hills CA 91367		·	
Vice President:			
Address:			
		_	
Secretary: Cheri Stratton		_	
Address: 5700 Canoga Avenue Suite 200 Woodland Hills CA 91367	,		
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	l/or direc	tors.	
13.			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department at third degree felony as provided for in s.817.155, F.S.  Cheri Stratton  Divertor			

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

VIKING RIVER CRUISES, INC.

TALLAHASSEE. FLORIDA

FILE NUMBER:

C2221662

FORMATION DATE:

03/07/2000

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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 July 05, 2013.

DEBRA BOWEN Secretary of State

PAM