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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Gifted Travel Network, 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:

Jennifer Cochrane

Name of Person

Gifted Travel Network, Inc.

Firm/Company

PO Box 1214

Address

Huntersville, NC 28070

City/State and Zip code

jen@giftedtravelnetwork.com

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

For further information concerning this matter, please call:

Jennifer Cochrane

at (877) 982-2842

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

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**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. Gifted Travel Network, Incorporated
(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)

2. North Carolina 3. 46-2125816
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 25, 2013 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 239 Bayberry Creek Circle Mooresville, NC 28117
(Principal office address)
PO Box 1214 Huntersville, NC 28070
(Current mailing address)

8. Travel Host Agency
(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: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(City) (Zip code)

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.


(Registered agent's signature)

Dan Keen-President

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.

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Meredith C. Hill

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Address: 239 Bayberry Creek Circle
Mooreville, NC 28117

Vice Chairman: N/A

Address: _____

Director: Jennifer R.Z. Cochrane

Address: 18709 Maplecroft Lake Lane
Davidson, NC 28036

Director: Vanessa McGovern

Address: 6195 Laurel Lane B
Tamarac, FL 33319

B. OFFICERS

President: Meredith C. Hill

Address: 239 Bayberry Creek Circle
Mooreville, NC 28117

Vice President: Vanessa McGovern

Address: 6195 Laurel Lane B
Tamarac, FL 33319

Secretary: Jennifer R.Z. Cochrane

Address: 18709 Maplecroft Lake Lane Davidson, NC 28036

Treasurer: Jennifer R.Z. Cochrane

Address: 18709 Maplecroft Lake Lane Davidson, NC 28036

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

13. _____

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. Jennifer R.Z. Cochrane, Secretary & Treasurer

(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

GIFTED TRAVEL NETWORK, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of February, 2013, 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.

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IN WITNESS WHEREOF, I have hereunto set
my hand and affixed my official seal at the City
of Raleigh, this 26th day of August, 2013.

Elaine F. Marshall

Secretary of State



Scan to verify online.