

F13000005294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

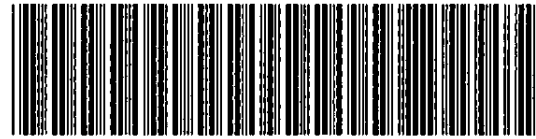
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC 11 PM 4:29

11/22/13--01015--019 **78.75

11/13 15177



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2013

ANDREA & ARTHUR STARK
905 W. CYPRESS LANE
POMPANO BEACH, FL 33069

SUBJECT: THE CRUISE CORNER & VACATION CENTER, INC.
Ref. Number: W13000065127

We have received your document for THE CRUISE CORNER & VACATION CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Correct #6 - Applies only if transacted business in the State of Florida.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 613A00027166



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2013

ANDREA & ARTHUR STARK
905 W. CYPRESS LANE
POMPANO BEACH, FL 33069

SUBJECT: THE CRUISE CORNER & VACATION CENTER, INC.
Ref. Number: W13000065127

We have received your document for THE CRUISE CORNER & VACATION CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 613A00027166

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE CRUISE CORNER & VACATION CENTER, 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:

ANDREA & ARTHUR STARK
Name of Person
THE CRUISE CORNER & VACATION CENTER, INC
Firm/Company
905 W. CYPRESS LANE
Address
POMPANO BEACH, FL. 33069
City/State and Zip code
abstark905@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA & ARTHUR STARK at (954) 972-2375
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

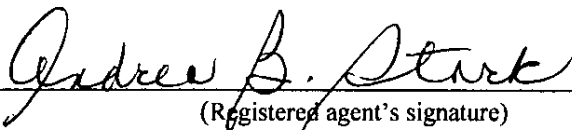
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. THE CRUISE CORNER AND VACATION CENTER, INC.
(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. ILLINOIS 3. 36-3584303
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 08, 1989 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. ON APPROVAL OF QUALIFICATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 905 W. CYPRESS LANE POMPANO BEACH, FL 33069
" (Principal office address) "
- (Current mailing address)
8. Seller of Travel
(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: ANDREA STARK
- Office Address: 905 W. CYPRESS LN
POMPANO BEACH, Florida 33069
(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)

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: ANDREA B. STARKAddress: 905 W. CYPRESS LN
POMPANO BEACH, FL. 33069Vice Chairman: ARTHUR STARKAddress: 905 W. CYPRESS LN
POMPANO BEACH, FL. 33069

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANDREA B. STARKAddress: 905 W. CYPRESS LN
POMPANO BEACH, FL. 33069Vice President: ARTHUR STARKAddress: 905 W. CYPRESS LN
POMPANO BEACH, FL. 33069Secretary: ARTHUR STARK

Address: _____

Treasurer: ANDREA STARK

Address: _____

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

13. Andrea B. Stark
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. ANDREA B. STARK ARTHUR STARK

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

13 DEC 11 PM 4:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

File Number 5543-200-7



To all to whom these Presents Shall Come, Greeting:

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

THE CRUISE CORNER AND VACATION CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 08, 1989, 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 20TH day of NOVEMBER A.D. 2013 .

Jesse White

Authentication #: 1332401810

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

SECRETARY OF STATE