140000085

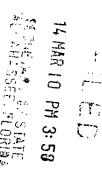
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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01/31/14--01013--025 **87.50



1114-7961 MD3/1

COVER LETTER

TO: New Filing Section Division of Corporations						
SHBJ	ECT:	Thompson Name of corporat	TRAVEL BUI	rear, TNC		
D D 0		Name of corporat	ion - must include suffix			
Dear S	Sir or Madam:					
"Certi	ficate of Existenc	tion by Foreign Corporation : ce," or "Certificate of Good S gn corporation to transact bus	standing" and check are sub-			
Please	return all corresp	pondence concerning this ma	tter to the following:			
		Kerin Mul Name	vihill			
	•	Name	of Person			
		Thompson To	eareC			
		<i>O</i> F i rm/C	ompany			
		411 PerTH	SHIRE DR Idress			
4		Ac	ldress			
		Orange	PANK, FL e and Zip code	32073		
		Eity/Stat	e and Zip code			
	KP	MULVIHILLE E-mail address: (to be us	amail, co	m		
		E-mail address: (to be us	ed for future armual report n	otification)		
For fu	rther information	concerning this matter, pleas	se call:			
	Kevin Me Name of Perso	uLvihol at 90	4) 272-670. ea Code & Daytime Telepho	one Number		
	STREET/COUNTY New Filing Second Division of County Cliffon Building 2661 Executive Tallahassee, FI	rporations g c Center Circle	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations		
Enclos	sed is a check for	the following amount:				
57 \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		



February 6, 2014

KEVIN MULVIHILL 411 PERTHSHIRE DR. ORANGE PARK, FL 32073

SUBJECT: THOMPSON TRAVEL BUREAU INC

Ref. Number: W14000007961

We have received your document for THOMPSON TRAVEL BUREAU INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

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 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: 614A00002746



February 25, 2014

KEVIN MULVIHILL 411 PERTHSHIRE DR. ORANGE PARK, FL 32073

SUBJECT: THOMPSON TRAVEL BUREAU INC

Ref. Number: W14000007961

We have received your document for THOMPSON TRAVEL BUREAU INC and your check(s) totaling \$87.50. 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 entity's date of incorporation/organization must be listed in the document.

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: 614A00002746

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ΙΝ	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT	TED;Te	o#	
<i>RE</i>	GISTERA FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THOMPSON TRAVEL BUREAU INC		***	4)
1	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	SEEL FLORI	0 PH 3:5	
1	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	in Flori	da)	
2.	PA 3. TAX IO - 24 08 2	_ /	81	0
(PA State or country under the law of which it is incorporated) 3. TAX IO - 24 08 2 (FEI murriber, if applicable)			
	1953 Dec11,19535 PERPETUAL!			
	(Date of incorporation) (Duration: Year corp. will cease to exist or 'p	erpetua	J)	
6.	•			
٠,	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7.	411 PenTHSHINE DR -ORANGEPARIC, F	-7 3	320	73
· ·_	(Principal office address)			
	SAM.			
-	(Current mailing address)		··	
8.	Any and All La-wful Busines 5 (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: Kevin Muluihill			
Of	fice Address: 411 Penthshine DR			
	Orange Pank, Florida 32073 (City) (Zip code)			
Ha des fur	Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporal signated in this application, I hereby accept the appointment as registered agent and agree to act if ther agree to comply with the provisions of all statutes relative to the proper and complete performates, and I am familiar with and accept the obligations of my position as registered agent.	n this	capaci	ace ty. I

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: Mike MULVIHICE			
Address:			
			<u> </u>
Vice Chairman: Down me mil.			
Address:	#	74	
	in the	<u> </u>	. ;
Director: Miking	7: \$ -20 %	0	
	***		f f 1
Address:	335	င္မ	The same
		<u>=</u>	
Director:			····
Address:			
			- PATAL
B. OFFICERS			
President: Mille MULUIhill			
Address: 512 Arbor Dr			
FRANKLIN, TN 37069			
DOR MILLVIHILL	, -		
Vice President: 878 SOCIAL CIR.RD		.	
Address: SOCIAL CIRCLE, GA		···········	
30025	··		
Secretary: Kevin MULVILIII			
Address: 411 Penth shinE DR- Onange Park,	FC	32	-073
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	director	rs.	
13. KNOLL			
Signature of Director or Officer	ata ata t	ad ba	in
The officer or director signing this document (and who is listed in number 12 above) affirms that the firms are true and that he or she is aware that false information submitted in a document to the Department of a third degree felony as provided for in s.817.155, F.S.	f State o	ea nere constitu	ini ites
14. Kevin Mulritice Secretary / Treasuren (Typed or printed name and capacity of person signing application)	<u> </u>		
(Typed or printed name and capacity of person signing application)			

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JANUARY 23, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

14 HAR 10 PM 3: 58

I DO HEREBY CERTIFY THAT,

THOMPSON TRAVEL BUREAU INC

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 11584877-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp