F14000001906

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

BS/1/4



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04/01/14--01035--009 **78.75

SECRETARY OF SAMBLE DIVISION OF CORPORAGINE

COVER LETTER

TO: New Filing Sec			
Division of Cor	•		
SUBJECT: Zeus	Travel Inc		
		on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	ion by Foreign Corporation fo e," or "Certificate of Good Sta n corporation to transact busin	anding" and check are sub	
Please return all correst	ondence concerning this matt	er to the following:	
Peter Villiotis		Č	
	Name o	f Person	
Zeus Travel II	nc		
	Firm/Co	mpany	
1850 S.E. 17t	h Street Causewa	ay suite #305	
	Add	ress	
Fort Lauderda	ale, FI, 33316		
	City/State	and Zip code	
info@zeusworl	dtravel.com		
	E-mail address: (to be used	for future annual report n	otification)
For further information	concerning this matter, please	e call:	
Peter Villiotis	at (855	, 641-1252	
Name of Perso	n Area	a Code & Daytime Telepho	one Number
•			
STREET/COL	JRIER ADDRESS:	MAILING A	DDRFSS.
New Filing Sec		New Filing Se	
Division of Cor	porations	Division of Co	•
Clifton Buildin		P.O. Box 6327	
2661 Executive Tallahassee, Fl		Tallahassee, F	L 32314
Enclosed is a check for	the following amount:		
. \$70.00 Filing Fee	□ \$78.75 Filing Fee &	3 \$78.75 Filing Fee &	□ \$87.50 Filing Fee,
	Certificate of Status	Certified Copy	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.

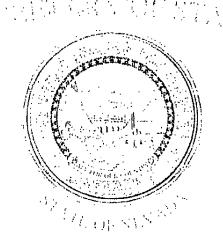
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,'	"COMPANY," "CORPORATION,"		•
Zeus Wo	rld Travel Inc				
(If name unavaila	ble in Florida, enter alternate corporate na	me :	adopted for the purpose of transacting business i	n Florida)
Nevada		3.	46-4297107		
(State or country	under the law of which it is incorporated)	_ 3.	(FEI number, if applicable)		_
01/31/20	14	5.	Perpetual		
(Date	of incorporation)	,	(Duration: Year corp. will cease to exist or "p-	erpetual"	-
		ess ir	Florida, if prior to registration)		_
4050 O F	(SEE SECTIONS 607.1501 & 60)7.15	602, F.S., to determine penalty liability)	2224	2
1850 S.E.	(SEE SECTIONS 607.1501 & 60	97.15 uit	602, F.S., to determine penalty liability) e #305. Fort Lauderdale, FI,	3331	<u>3</u>
	(SEE SECTIONS 607.1501 & 607.1501	97.15 uit	602, F.S., to determine penalty liability) e #305. Fort Lauderdale, FI,	3331	<u>3</u>
1850 S.E. Same of a	(SEE SECTIONS 607.1501 & 607.1501	07.15 Buit addi	e #305. Fort Lauderdale, FI,	3331	<u>3</u> _
	(SEE SECTIONS 607.1501 & 607.1501	07.15 Buit addi	e #305. Fort Lauderdale, FI,	3331	<u>6</u> _
Same of a	(SEE SECTIONS 607.1501 & 60 17th Street Causeway. S (Principal office bove (Current mailing)	07.15 Buit addi	e #305. Fort Lauderdale, FI,	3331	6 -
Same of a	(SEE SECTIONS 607.1501 & 607.1501	o7.15 addi	e #305. Fort Lauderdale, FI, ress)	3331	6 -
Same of a	(SEE SECTIONS 607.1501 & 607.1501	addi	e #305. Fort Lauderdale, FI, ress) ress) untry to be carried out in state of Florida)	3331	6
Same of a	(SEE SECTIONS 607.1501 & 60 17th Street Causeway. S (Principal office bove (Current mailing description of corporation authorized in home state of taddress of Florida registered agent:	addi	e #305. Fort Lauderdale, FI, ress) ress) untry to be carried out in state of Florida)	4	6 I I I I I I I I I I I I I I I I I I
Same of a	(SEE SECTIONS 607.1501 & 607.1501	addi	e #305. Fort Lauderdale, FI, ress) ress) untry to be carried out in state of Florida)	4	O O
Same of a Travel ar (Purpose(s) Name and street	(SEE SECTIONS 607.1501 & 60 17th Street Causeway. S (Principal office bove (Current mailing description of corporation authorized in home state of taddress of Florida registered agent:	addinaddinaddinaddinaddinaddinaddinaddi	e #305. Fort Lauderdale, FI, ress) untry to be carried out in state of Florida) D. Box NOT acceptable)	14 APR 30	CO JIVISION OF CO.
Travel an (Purpose(s) Name and street	(SEE SECTIONS 607.1501 & 60 17th Street Causeway. S (Principal office bove (Current mailing of Corporation authorized in home state of taddress of Florida registered agent: Peter Villiotis	addinaddinaddinaddinaddinaddinaddinaddi	e #305. Fort Lauderdale, FI, ress) untry to be carried out in state of Florida) D. Box NOT acceptable)	4	O I I I I I I I I I I I I I I I I I I

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: Peter Villiotis Address: 1850 S.E 17 th Street Causeway # 305 Fort Lauderdale, FI, 33316 Vice Chairman: Director: Jason Baker Address: 1850 S.E 17 th Street Causeway # 305 Fort Lauderdale, FI, 33316 **B. OFFICERS** Address: Vice President: Address: ____ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. (Typed or printed name and capacity of person signing application)



NEVADA STATE BUSINESS LICENSE

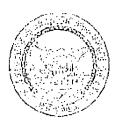
ZEUS TRAVEL INC.

Nevada Business Identification # NV20131721252

Expiration Date: December 31, 2014

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 11, 2014

ROSS MILLER Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

Please Post in a Conspicuous Location

You may verify this Nevada State Business License online at www.nvsos.gov under the Nevada Business Search.

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF: ZEUS TRAVEL INC.

REBINLY YUTABER

NAME OF CORPORATION		E059676	32613-8
FOR THE YEARS PERIOD OF DEC. 2013 TO DEC. USE BLACK HIK ONLY - DO NOT HIGHLIGHT	2014. Due by Jan 31, 2014		Document Number 20140089880-10
		· den Man	Filing Date and Time
Return one file stamped copy. (If filling not accompanied by ord stamped copy will be sent to registered agenc)	ler instructions, file	Ross Miller Secretary of State	01/31/2014 8:20 All Entity Number
IMFORTANT, Read instructions before completing and returning this lo	orin.	State of Nevada	E0596762013-8
 Print or type names and addresses, either residence or business, for all officers President Secretary, Treasurer, or equivalent of and eff Directors must be name least one director. An Officer must sign the form. FORM WILL BE RETURNEY. 	ed. There must be at		
2. If there are additional officers, shoch a list of them to this form.			
 Return completed form with the tiling fee of \$125.00 (ting fee. Annual tot fee is total authorized stock as explained in the Annual List Fee Schedule For Profit C \$75.00 penalty must be added for latiture to file into form by the decision. An immore than 90 days before its due date shell be deamed an ammided it is for the 4. State business scense fee is \$200.00. Effective 27/2010, \$100.00 must be add. 	orperation: A rulai rist received previous year.		FOR OFFICE USE ONLY
 Ordering Copies: If requesied above, one (its stamped copy will be returned a certification. A copy fee of \$2,00 per page is required for each additional cop must accompany your order. 			
 Form most be in the possession of the Secretary of State on or belong the last di- 	ay of His last meath following the in	corporation/inikal registration date	: (Postmark date is not
Ecopolod as receipt date.) Forms FILMS FEE: \$125.00 LATE PENALTY: \$75.00 (1) (sing mig)	SUSPESSION SEEDS	namen Mac well racink en varantian	ut mina
CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN	BCX BELOW	NRS 76.020	Exemption Codes
Pursuant to NRS Chapter 76, this antity is exempt from the busines	ss ficense fee. Exemption code		
NOTE: If claiming an exemption, a notarized Declaration of Engibility form attach the Declaration of Eligibility will result in tajection, which could result in tajection. The Central Inc. This corporation is a publicly traded corporation. The Central Inc.	ult in late fees.		Picture Company 05 020 Insurance Co
This publicly traced corporation is not required to have a Central	Indax Key number.		
NAME	~m.E(S)		
Hete Villiotis		VT (OR EQUIVALENT OF)	
1850 58 19th St. Suite 305	Tort law	derdale FL	33316
NAME	TOLE(S)	,	
	SECRETA	RY (OR EQUIVALENT OF)	
ACCAESS	CITY	STATE	ZIP COGE
WANE	Taresa	· · · · · · · · · · · · · · · · · · ·	
•		ER (OR EQUIVALENT OF)	;
ADDRESS	CITA	STATE	ZIP CODE
NW.2	Diff.Eds;		
Jason Baker	DIRECTOR	3	
4L-DAESS	CITY	STATE	ZIP 0008
2435 Formary Sheet # 4	monos C) teoria	110 m	90691
Rono of the officers or directors identified in the fist of officers has been iden exercising the power or authority of an officer or director in turnerance of an	infied with the frauduloni estent o	concealing the identity of any	person or persons
I declare, to the best of my knowledge under penalty of perjury, that the informs a category Cologly to knowingly offer any later or forged instrument for listing	mation contained herein is correc	t and acknowledge that pursua State	nt to NRS 239,330, it is
X de ser	Jiila.	Date	ه ام
Signature of Officer or	Presider		0114
Other Authorized Signature		Nevaus Socretar	y al State Polici List Preli Revised: 7-31-13
Other Authorized Signature			