

F 14000002724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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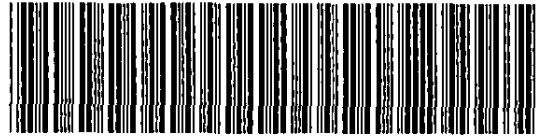
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 JUN 24 AM 9:11
DIVISION OF CORPORATIONS

6/25/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Vacatia Travel Services, 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:

Tina Goff (I will pickup)
Name of Person
Sunshine Corporate
Firm/Company

Address

City/State and Zip code

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

For further information concerning this matter, please call:

Tina at () 850 508-1891
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:

\$ 87.50

- ☐ \$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

+ 1 additional
Cert. copy

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TALLAHASSEE, FLORIDA

**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. **VACATIA TRAVEL SERVICES, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **California**

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. **05/07/2014**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

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

7. **560 Mission Street, Suite 1357, San Francisco, CA 94105**

(Principal office address)

560 Mission Street, Suite 1357, San Francisco, CA 94105

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Registered Agent Solutions, Inc.**

Office Address: **155 Office Plaza Dr., Suite A**

Tallahassee

(City)

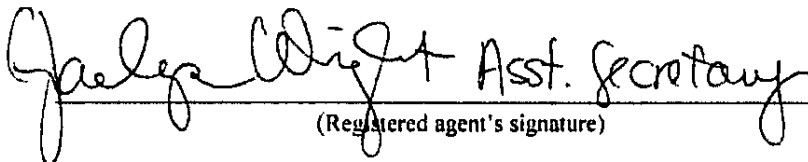
Florida **32301**

(Zip code)

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9. 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.

 Asst. Secretary
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: Keith Cox

Address: 560 Mission Street, Suite 1357
San Francisco, CA 94105

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: Keith Cox

Address: 560 Mission Street, Suite 1357
San Francisco, CA 94105

Vice President: N/A

Address: _____

Secretary: Steven Muldowney

Address: 2424 S.E. Bristol Street, Suite 280, Newport Beach, CA 92660

Treasurer: Keith Cox

Address: 560 Mission Street, Suite 1357, San Francisco, CA 94105

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

12. Steven M. Muldowney
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.

13. Steven Muldowney, Secretary

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

FILED

14 JUN 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED
14 JUN 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

VACATIA TRAVEL SERVICES, INC.

FILE NUMBER: C3673867
FORMATION DATE: 05/07/2014
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 June 19, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

SAG