

F 1500 000 7924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

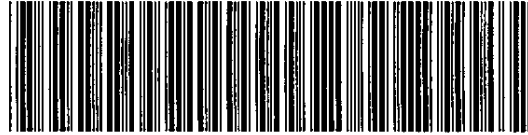
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SEP 08 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations
ABRAMS TRAVEL, INC.

SUBJECT: _____
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:
RON ABRAMS

ABRAMS TRAVEL, INC.	Name of Person
2909 FRIENDLYWOOD WAY	Firm/Company
BURTONSVILLE, MD 20866	Address
ron@abramstravel.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Ron Abrams	240	498-2680
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.

ABRAMS TRAVEL, INC.

1. _____
(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)
MARYLAND 52-1453840

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
5/22/1985 N/A

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

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

7. 2909 Friendwood Way, Burtonville, MD 20866
(Principal office address)

(Current mailing address, if different)

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

Name: Marisel Cruz, Esq.
Office Address: 990 Biscayne Blvd, Suite 502
Miami, Florida 33132
(City) (Zip code)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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.

attached
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MENDEL ABRAMS

Address: 2909 FRIENDLYWOOD WAY

BURTONSVILLE, MD 20866

Vice President: RON ABRAMS

Address: 11713 OAKSPINE CT.

ELLICOTT CITY, MD 20142

Secretary: RON ABRAMS

Address: SAME

Treasurer: RON ABRAMS

Address: SAME

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

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. RON ABRAMS, VICE-PRESIDENT _____

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

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DEPARTMENT OF STATE
ATTACHMENT/ LINDA

CHAMY & CRUZ, P.A.
ATTORNEYS AT LAW
990 Biscayne Blvd., Suite 502
Miami, Florida 33132
Tel: 305-842-7089 Tel: 352-552-5591
www.chamycruz.com

VIA ELECTRONIC MAIL

August 26, 2015

Superintendent of Corporations
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**Re: Written Consent to Act as Registered Agent: Abrams Travel, Inc. and
Foundations of Faith, Inc.**

Mr. Superintendent:

Pursuant to Florida Statute, Section 607.0501, I, Marisol Cruz, Esq. a bona fide resident of the State of Florida, consent to act as a registered agent for the following foreign corporations:

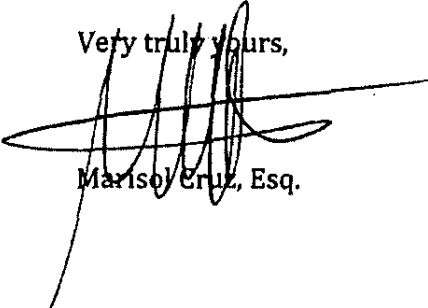
Abrams Travel, Inc.
2909 Friendlywood Way
Burtonsville, MD 20866
800-338-7075 (ph)
301-236-9061 (fax)

Foundations of Faith, Inc
2909 Friendlywood Way
Burtonsville, MD 20866
800-338-7075 (ph)
301-236-9061 (fax)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I have presented this letter to each of the entities above with the expectation that they, if required, will present this letter to you.

Very truly yours,


Marisol Cruz, Esq.

cc: Ron Abrams

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ABRAMS TRAVEL, INC., INCORPORATED MAY 22, 1985, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 21, 2015.

Paul B. Anderson

Paul B. Anderson
Charter Division



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BALTIMORE, MD