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| (Re | equestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | MAIT | MAIL | | |
| (Bu | isiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SEGRETARY OF STATE
AND ASSET, FLORID.

Office Use Only

K. SALY EXAMINER DEC -7 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2015

MANUEL LORA ABA TRAVL & ENT, INC. 825 BRICKELL BAY DR, STE. 851 MIAMI, FL 33131

SUBJECT: ABA TRAVL & ENT, INC.

Ref. Number: W15000066973

We have received your document for ABA TRAVL & ENT, INC. and your check(s) totaling \$70.00. 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 name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 215A00021329

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: ABA TRAVL & ENT, INC. | | | | |
| | ation - must include suffix | | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by | | | | |
| Please return all correspondence concerning this n | natter to the following: | | | |
| Manuel Lora | | | | |
| Nam | ne of Person | | | |
| ABA TRAVL & ENT, INC. | | | | |
| Firm | /Company | | | |
| 825 Brickell Bay Dr. Suite 851 | | | | |
| - | Address | | | |
| Miami, FL 33131 | | | | |
| City/St | ate and Zip code | | | |
| travl@abatr.org, travl@abatr.com | | | | |
| E-mail address: (to be t | ised for future annual report notification) | | | |
| For further information concerning this matter, ple | ease call: | | | |
| Manuel Lora at (305) 3740838 options 1,1,1 | | | | |
| | 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 | S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy | | | |





CHU OU STRONG STRONG

825 Brickell Bay Dr. Suite # 851 Miami, Fl, 33131-2918 Local Tel. 305-374-0838, 305-374-3162 fax 305-374-0497 Toll free Tel. 800-696-0838 Fax Toll Free 1-800-569-0497 Travl@abatr.com travl@abatr.org travl@abatr.net

Division of Corporations Clifton Building New Filing Section 2661 Executive Ctr. Circle Tallahassee Florida 32301 April 29th, 2015

Ref: dissolution of ABA TRAVL & ENT document L24435 to register later as a foreign corporation

Dear sirs we would like from this day on to have our corporation dissolve so we may register as a foreign corporation later. We hope this change will help protect our company information which in the past others unknown to us have altered and tampered. In Florida anyone can tamper and make changes to someone else corporation without getting arrested or prosecuted. Thus we have chosen to register in a State where those that altered and make unauthorized changes to a corporation are arrested and prosecuted.

A. Mar

W.M.Lora C.E.O

2015 DEC -4 PM 5: 02

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. ABA TRAV | /L & ENT, INC. | | | | |
|--|--|---|-------------------------|--|--|
| | of corporation; must include "INCORPORATED " "Corp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION," | | | |
| | | | | | |
| (If name una | vailable in Florida, enter alternate corporate name | adopted for the purpose of transacting bus | iness in Florida) | | |
| 2. DELAWAR | UE 3 | 650163247 | | | |
| (State or co | untry under the law of which it is incorporated) | (FEI number, if applical | ole) | | |
| 4. | Date of incorporation) 5. | | | | |
|]) | Date of incorporation) | (Date of duration, if other than | perpetual) | | |
| 6. | | | | | |
| | | in Florida, if prior to registration) 1502, F.S., to determine penalty liability) | | | |
| 7, 16192 Coasta | d Highway, Lewes, DE 19958 | | | | |
| (Principal office address) | | | | | |
| 825 Brickell | Bay Dr. Suite 851, Miamí, FL 33131 | | 12. B | | |
| | (Current mail | ing address, if different) | 20 DEC -4 | | |
| 8. Name and s | street address of Florida registered agent: (P. | .O. Box NOT acceptable) | ASSET PH | | |
| Name | : Aycher Carbonell | | | | |
| Office Addres | S: 825 Brickell Bay Dr. Suite 851 | · | 5: 03 | | |
| | Miami | , Florida 33131 | • | | |
| | (City) | (Zip code) | | | |
| Having been in designated in further agree | agent's acceptance: named as registered agent and to accept serv this application, I hereby accept the appoint to comply with the provisions of all statutes am familiar with and accept the obligations | tment as registered agent and agree to relative to the proper and complete po | act in this capacity. I | | |
| | - I Hay | d agent's signature) | - | | |
| (Registered agent's signature) | | | | | |
| the Departmer | is a certificate of existence duly authenticated at of State, by the Secretary of State or other | | | | |
| under the law | of which it is incorporated. | | | | |

| 11. Names and business addresses of officers and/or directors: | 2015 pr |
|--|--|
| | "" UF (|
| A. DIRECTORS | TALL AHASSEE. FLORIDA |
| Chairman: CEO Manuel Lora | AHASSEE FISTAIT |
| Address: 825 Brickell Bay Dr. Suite 851, Miami, FL 33131 | |
| | |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | newsons/Statesholmonroup reliable Minima homeomorphic and a fine or more companional companions. |
| Address: | <u> </u> |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | |
| President: Avcher Carboneli | |
| Address: 825 Brickell Bay Dr. Suite 851, Miami, FL 33131 | |
| | w pagasaning and the state of t |
| Vice President: Alex Zaldivar | |
| Address: 825 Brickell Bay Dr. Suite 851, Miami, FL 33131 | |
| | |
| Secretary: | |
| Address: | ************************************** |
| Treasurer: Mario Salceda | |
| | |
| | |
| NOTE: If necessary, you may attach ar addendum to the application listing additional o | |
| Signature of Director or Officer | |
| The officer or director signing this document (and who is listed in number 11 above) affin are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S. | |
| 13. Avcher Carbonell | |
| (Typed or printed name and capacity of person signing application | on) |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ABA TRAVL & ENT, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY,

A.D. 2015.

2015 DEC -4 PM 5: 03

5741977 8300

151075664

AUTHENTY CATION: 2588909

DATE: 07-25-15

You may verify this certificate online at corp.delaware.gov/authver.shtml