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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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16 JUN -3 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN -3 AM 10:00
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
Miracolo Tours Inc.

Certificate of Status	0
Certified Copy	0
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JUN 06 2016

Electronic Filing Menu Corporate Filing Menu **Y SULKER** Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miracolo Tours 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:

Peter Prager

Name of Person

Miracolo Tours Inc.

Firm/Company

405 Main Street, 6F

Address

New York, NY 10044

City/State and Zip code

pprager@miracolotours.com

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

For further information concerning this matter, please call:

Peter Prager

800 205-7413
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.

Miracolo Tours Inc.

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

N/A

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

2. New York 3. 81-1908410
(State or country under the law of which it is incorporated) (FEI number, if applicable)

(State or country under the law of which it is incorporated)	(FEI number, if applicable)
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4. 01/28/2016 5. N/A
(Date of Incorporation) (Date of duration, if other than perpetual)

(Date of Incorporation)

(Date of duration, if other than perpetual)

Upon Qualification

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

7. 405 Main Street, 6F New York, NY 10044
(Principal office address)

(Principal office address)

405 Main Street, 6F New York, NY 10044

(Current mailing address, if different)

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

Name: _____ CT Corporation System

Office Address: 1200 S Pine Island Rd

Plantation _____, Florida 33324
(City) (Zip code)

(City)

(Zip code)

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.

Nicole Chouinard

Nicole Chouinard
Assistant Secretary
(Registered agent's signature)

(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: Peter Prager

Address: 405 Main Street, 6F, New York, NY 10044

Vice Chairman: N/A

Address:

Director: Mary Kathleen Prager

Address: 405 Main Street, 6F, New York, NY 10044

Director:

Address:

B. OFFICERS

President: Peter Prager

Address: 405 Main Street, 6F, New York, NY 10044

Vice President: N/A

Address:

Secretary: Peter Prager

Address: 405 Main Street, 6F, New York, NY 10044

Treasurer: Peter Prager

Address: 405 Main Street, 6F, New York, NY 10044

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. Peter Prager, President

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

FILED
16 JUN -3 AM 11:43
TALLAHASSEE, FLORIDA

6/3/2016 9:57:23 AM From: To: 8506176383(5/5)

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of MIRACOLO TOURS INC. was filed on 01/28/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 01st day of June
two thousand and sixteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

201606020421 * EZ