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(Req	uestor's Name)		
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(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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SECRÉTARY OF STÀTE

K. SALY OCT 26 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2016

KYLE MCKENZIE ADVENTURE PADDLE TOURS INC. 5259 MAPLE LANE NAPLES, FL 34113

SUBJECT: ADVENTURE PADDLE TOURS INC.

Ref. Number: W16000069130



We have received your document for ADVENTURE PADDLE TOURS 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 316A00021695

COVER LETTER

TO: Registration of C				
SUBJECT:			Tours INC.	
	Name	of corporation	n - must include suffix	
Dear Sir or Madam:				
	nce," or "Certificat	e of Good Star	nding" and check are su	act Business in Florida," bmitted to register the
Please return all corre	espondence concern	ning this matte	r to the following:	
Kulz Mc	YON ZIE			
- Byle I.ie	C. C.	Name of	Person	<u> </u>
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5259 M	DIE CHUF	Addr	Acc	
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NAPles	+4	<u>34115</u>	1.5	<u> </u>
			ind Zip code	
INFO (C)	AOJENTURE	pidale	tours.com	
	E-mail addres	ss: (to be used	for ruture annual report	notification)
For further information	on concerning this	matter, please	call:	
Lyle McKe	SISU	at (_970_	<u> 281 - 2239</u>	4
Name of Per	son	Area Coo	le Daytime Tele	phone Number
STREET/CO	OURIER ADDRES	SS:	MAILING A	ADDRESS:
Registration Section		_	Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
	ive Center Circle		Tallahassee,	
Enclosed is a check f	or the following an	nount:		
🕱 \$70.00 Filing Fee	\$78.75 Filis Certificate		\$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.

(If name unavailable in Florida, enter	•	• •	g business in Florida)
Colorado		31-3999179	1'11 X
(State or country under the law of wh	nich it is incorporated)	(FEI number, if ap	plicable)
11/1/2016	5	(D) (A) (A)	
(Date of incorporation)		(Date of duration, if other	tnan perpetual)
		orida, if prior to registration) , F.S., to determine penalty liabili	ty)
		_	
5750 Munic lave	t solatild	7 21113	4
5259 Maple Lave	Naples 7 (Principal	5 <u>L 34113</u> office address)	7816
5259 Maple Lave	Naples 7 (Principal	office address)	ZEIG OCT
5259 Muple Love		office address)	ZBIS OCT 21
5259 Maple Lave		,	OCT 21 CRETARY AHASSE
Name and street address of Florida	(Current mailing a	address, if different)	OCT 21 CRETARY AHASSE
	(Current mailing a	address, if different)	OCT 21 CRETARY AHASSE
Name: Kyle M	(Current mailing a a registered agent: (P.O. I	address, if different)	
• • •	(Current mailing a	address, if different)	OCT 21 CRETARY AHASSE
Name: Kyle M	(Current mailing a a registered agent: (P.O. I	address, if different)	OCT 21 CRETARY AHASSE

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.

(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.

14. Names and business addresses of officers and/or directors:	FIL.
A. DIRECTORS	PILED
Chairman: Kyle McKenzie	* U(, / a .
Address: 5259 Muple LANE	TALLAHARYON 5: 3
Naples FL 34113	FALLAHASSEE. FLORIDA
Vice Chairman:	
Address:	
Director	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Lyle McKauzie Address: 5259 Meple Lane Upple FL 34113	
Address: 5259 Meple Lane	
Naples FL 34113	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	CC 1/ 1'
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or directors.
12. Signature of Director or Officer	<u> </u>
The officer or director signing this document (and who is listed in number 11 above) affi 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. × /mmmm	
(Typed or printed name and capacity of person signing applicati	ion)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Adventure Paddle Tours Inc

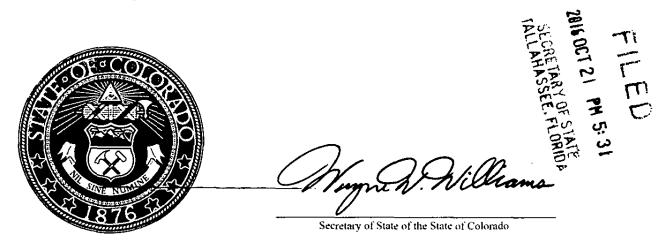
is a

Corporation

formed or registered on 09/29/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161662767.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/14/2016 that have been posted, and by documents delivered to this office electronically through 10/17/2016 @ 11:36:52.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/17/2016 @ 11:36:52 in accordance with applicable law. This certificate is assigned Confirmation Number 9883518



**End of Certificate*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."