

F1700000 1187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

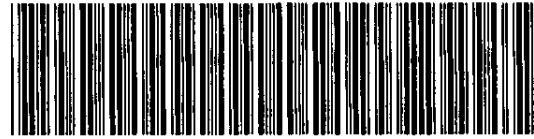
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/17--01002--021 **70.00

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SECRETARY OF STATE
OFFICE OF STATE ORGANIZATIONS
17 MAR 10 AM 9:56

MAR 14 2017
J. HARRIS

~~WAIT~~

COVER LETTER

TO: Registration Section
 Division of Corporations
 Tropical Getaways 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:
 Michael Aranda

RECEIVED
 2017 MAR 10 PM 1:15
 TALLAHASSEE, FLORIDA

Tropical Getaways Inc.	Name of Person
1222 Se 47th St #330	Firm/Company
Cape Coral, Fl 33904	Address
mike@mg1fl.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:

Mike Aranda	239	267-4804	
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

JH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2017

MICHAEL ARANDA
1222 SE 47TH ST #330
CAPE CORAL, FL 33904

SUBJECT: TROP. GETAWAY'S INC.
Ref. Number: W17000017945

We have received your document for TROP. GETAWAY'S 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 alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

The document number of the name conflict is L14000050092.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 417A00004033

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DIVISION OF CORPORATIONS
17 MAR 10 AM 9:56

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.

Tropical Getaways Inc.

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

First Tropical Getaways Inc.

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

2. _____ 3. _____
Delaware 47-5333436
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
10/20/2015
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1222 SE 47th St #330 Cape Coral, FL 33904

7. _____
(Principal office address)

(Current mailing address, if different)

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

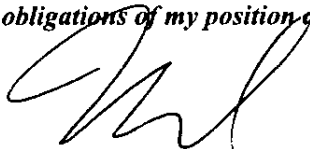
Management Group 1 of Florida Inc.

Name: _____
1222 SE 47th ST #330

Office Address: _____
Cape Coral 33904
_____, Florida _____
(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.



(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.

FILED
SECRETARY OF STATE
CORPORATION DIVISION
17 MAR 10 AM 9:56

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Michael Aranda

President: _____

1222 SE 47th St #330 Cape Coral, FL 33904

Address: _____

Tonya Aranda

Vice President: _____

3 IBIS Ln Marathon, FL 33050

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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.

Michael Aranda, President

13. _____

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

FILED
STATE
SECRETARY OF STATE
17 MAR 10 AM 9:56

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TROPICAL GETAWAYS 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2017.



5851895 8300

SR# 20170815812

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202024157

Date: 02-13-17