

2/7/2017

2017-04-07 07:24:14 CST

1212202357 From: Kimberly Laughrey

F17000001602

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
THE FIVE STAR TRAVEL CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

2017 APR -7 AM 9:46

TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB -7 AM 8:55

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Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Five Star Travel Corporation

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:

Name of Person

Firm/Company

Address

City/State and Zip code

nikki@sharecare.com

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

For further information concerning this matter, please call:

Name of Person

at ( )

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.

1. The Five Star Travel Corporation

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

Five Star FI. Corporation

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

2. Delaware

(State or country under the law of which it is incorporated)

3. 26-1515670

(FEI number, if applicable)

4. 12/07/2007

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. 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. 255 E. Paces Ferry Road Suite 700, Atlanta, GA 30305

(Principal office address)

same

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.*

C T Corporation System

By: Sierra Burris

Assistant Secretary

(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  
2017 FEB -7 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2017 FEB -7 AM 8:55  
CLERK OF SUPERIOR COURT  
PALM BEACH COUNTY, FLORIDA

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

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

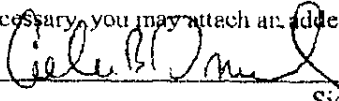
Secretary: Colin Daniel

Address: 255 E. Paces Ferry Road Suite 700, Atlanta, GA 30305

Treasurer: Colin Daniel

Address: 255 E. Paces Ferry Road Suite 700, Atlanta, GA 30305

**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. Colin B. Daniel Treasurer

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

**Attachment to Florida  
Officers & Directors**

1. Full Name: Jeff Arnold  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 255 East Paces Ferry Road Suite 700  
City: Atlanta  
State: GA  
ZIP Code: 30325
2. Full Name: Justin Ferrero  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 255 East Paces Ferry Road Suite 700  
City: Atlanta  
State: GA  
ZIP Code: 30325
3. Full Name: Dawn Whaley  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 255 East Paces Ferry Road Suite 700  
City: Atlanta  
State: GA  
ZIP Code: 30325
4. Full Name: Gary Coursey  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 255 East Paces Ferry Road Suite 700  
City: Atlanta  
State: GA  
ZIP Code: 30325
5. Full Name: Miguel Forbes

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TALLAHASSEE, FLORIDA

Officer/Director:

Director

Officer's Title:

Director's Title:

Director

Business Address:

City:

255 East Paces Ferry Road Suite 700

State:

Atlanta

ZIP Code:

GA

30325

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2017 FEB -7 AM 8:55  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE FIVE STAR TRAVEL CORPORATION" 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 SIXTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
2017 FEB-7 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4455745 8300

SR# 20170660978

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 201986276

Date: 02-06-17