# F17000001955

(Re	equestor's Name)	<del> </del>
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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D. SCOTT MAY 1 - 2017



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2016

LOUIS DIMMELLA DINNE | A 3541 SE 4 ST HOMESTEAD, FL 33033

SUBJECT: BRAVO TOURS, INC Ref. Number: W16000086359

We have received your document for BRAVO TOURS, INC and your check(s) totaling \$87.50. 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A00027579

2017 APR 28 PM 1: 32 JEUNE WASSER OF THE TALL AHASSER OF THE TALL

### **COVER LETTER**

Division of Corporations			
SUBJECT: Brave Towns Name of corpora	, Iocc		
Name of corpora	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:		
Louis Dinnella			
Nom	e of Person		
Bravo Tours Inc.			
Bravo Tours, Inc.  Firm/Company			
3541 SE 4 ST			
Address			
Homestead, Fl 330	<b>933</b>		
City/St	ate and Zip code		
City/State and Zip code  lou @ brauotours. com  E-mail address: (to be used for future annual report notification)			
E-mail address: (to be t	ised for future annual report notification)		
For further information concerning this matter, ple	ase call:		
1 7 015 74152			
Name of Person at (201) 9607403  Area Code Daytime Telephone Number			
	石窟 五 刀		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section  Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\frac{10}{10}\$\$ \$78.75 Filing Fee \$\text{Certificate of Status}\$	\$78.75 Filing Fee & <b>Y</b> \$87.50 Filing Fee, Certified Copy 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. "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New Tersey
3. 222 326 @18

(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Homestead, F/ 33033 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Allannid sino. Name: Office Address: 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.

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	s addresses of officers and/or directors:	
A DIRECTORS	6/A	
Chairman:	•	
Address:		
	. <u> </u>	
Vice Chairman:		
Director:		
Director:		
Address.		
B. OFFICERS		
	21A Grisell DinnellA	
TREASuren	11 cc u ct	· · · · · · · · · · · · · · · · · · ·
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Address:		
Treasurer:		
Address:	W 10 10 10 10 10 10 10 10 10 10 10 10 10	
NOTE: If necessary, y	ou may attach an addendum to the application listin	ng additional officers and/or directors.
12	Signature of Director or Office	Dr.
are true and that he or si	signing this document (and who is listed in number he is aware that false information submitted in a do	11 above) affirms that the facts stated herein
	provided for in s.817.155, F.S.	11 P 1 Co
13. Louis	(Typed or printed name and capacity of person sig	<u>VIサンと</u> gning application)

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

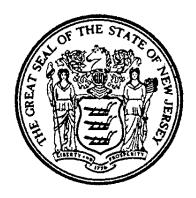
### BRAVO TOURS, INC. 0100117195

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 09, 1980.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

WILLIAM SCHWANINGER 40 TILLMAN STREET WESTWOOD, NJ 07675



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of April, 2017

Ford M. Scudder State Treasurer

Certificate Number: 2261468371

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

