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(R	equestor's Name)							
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PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
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D. SCOTT
JUL 1 0 2017

COVER LETTER

_	istration Sectision of Corp					•	
	Cruise & T	our Planners, Inc.					
SUBJECT	•	Name o	f corporatio	n - must i	nclude suffix		
Dear Sir or	Madam:						
"Certificate	of Existence	on by Foreign Co. " or "Certificate corporation to tr	of Good Sta	nding" a	nd check are sub		
Please return	_	ondence concerni	ng this matte	er to the f	ollowing:		
	· · · · · · · · · · · · · · · · · · ·		Name of	Person			
Cruise & To	ur Planners, In	c.					
2341 N. 122	nd St.	et - 1	Firm/Co	mpany			***************************************
			Add	ress	*		
Seattle, WA	98133		·			7	
sharon@crui	iseandtourplan	ners.com	City/State	and Zip c	ode		
		E-mail address	: (to be used	for futur	e annual report	notification)	
For further	information o	oncerning this m	atter, please	call:	·		To Sold To So
Sharon Emerson		206 at (3677)	77657			
Name of Person		Area Co	de	Daytime Telephone Number			
	* * * *	A., a.					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is	a check for t	he following amo	ount:				
\$70.00 I	Filing Fee	\$78.75 Filing Certificate of			5 Filing Fee & ied Copy		Filing Fee, cate of Status &

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. Cruise & Tour Planners, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Ca.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 03 0506649 Washington (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Name: Office Address:

1). Registered agent's receptance:

Inverse name of registering in this registered agent and agree to act in this capacity. I 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Director: _ Address: Address: **B. OFFICERS** Sharon Emerson President: 2341 N. 122nd St. Address: Seattle, WA 98133 Vice President: Address: ___ Kenneth Emerson Secretary: _ 2341 N. 122nd St., Seattle, WA 98133 Address: _____ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. musia 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. Sharon Emerson, President (Typed or printed name and capacity of person signing application)



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE

OF

CRUISE & TOUR PLANNERS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 1/31/2003.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: March 29, 2017

UBI: 602-264-534

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

