2/9/2018

Division of Corporations



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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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FOREIGN PROFIT/NONPROFIT CORPORATION

Classica Cruise Operator Ltd. Inc.

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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.

	orporation; must include "INCORPORAT orp," "Inc." "Co," or "Corp.")	ED," "COMPANY," "CORPORATIO	N,''	
(If name unavails	ible in Florida, enter alternate corporate n	ame adopted for the purpose of transaction	ng business in Florida)	
e 14	Color Dahaman			
(State or country under the law of which it is incorporated)		d) (FEI number, it a)	(FEI number, if applicable)	
7/26/201		5		
	(Date of incorporation) (Date of duration, if of		her than perpetual)	
115 Pinebrook Ro	oad, Bedford, NY 10506	07.1502, F.S., to determine penalty liabil		
43.1.1.1.1	ζ.	rincipal office address)		
431 Fairway Dri	ve, Suite 300 Deerfield Beach, FL 33441		- 2	
	ve, Suite 300 Deerfield Beach, FL 33441	mailing address, it different)	733	
Name and stree Name:	(Current ret address of Florida registered agent:	mailing address, it different)	→ · · · · · · · · · · · · · · · · · · ·	
Name and street	(Current ret address of Florida registered agent: C T Corporation System 1200 South Pine Island Road	mailing address, it different)	73. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

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

ay Mulei Milson, ASSI-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.

	CTORS		
rman:	Oneil Khosa		
	17710 Cadenii Drive		
	Boca Reton, FL 33496		
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 tor: _			
FFIC	CERS		
ient:	Kevin Sheehan	•	
- - 	15 Pinebrook Road	:	
	edford, NY 10506	i	
>reside	ent:		
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ary: _			
55: <u></u>			
ırer: _			
ss:			
E: If	necessary you may attach an addendum to the application I	isting additional officers a	nd/or directors.
	Signature of Director or Office of director signing this document (and who is listed in num I that he or she is aware that false information submitted in a ce felony as provided for in s.817.155, F.S.	ber 11 above) affirms that	

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

