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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)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					
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FOREIGN PROFIT/NONPROFIT CORPORATION

Classica Cruise Owner Ltd. Inc.

Please use oringal submission date of 1/9/18, thank you

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	S70.00

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FEB 0 9 2018

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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

4.

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.

	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")	ATED," "C	OMPANY," "CORPORATION	,,,	-
(If name unavail	able in Florida, enter alternate corporate	name adop	ted for the purpose of transacting	husiness in Florida)	_
Commonwealth	of the Bahamas	3			
	ry under the law of which it is incorporate	 (cd)	(FEI number, if applicable)		
07/26/2	2017	5,			
	of incorporation)	~	(Date of duration, if other than perpetual)		
			rida, if prior to registration) F.S., to determine penalty liabilit	y)	
H5 Pinebrook R	oad, Bedford, NY 10506		;		
. —	(Principal of	Tice address)	<i>€</i>	-
431 Fairway Dri	ve. Suite 300 Deerfield Beach, FL 3344	1			_
	(Curren	t mailing ad	dress, if different)	19 9 4-9	
Name and street	et address of Florida registered agen	t: (P.O. B	ox NOT acceptable)	SEE . A	•
Name:	C T Corporation System		;		
Office Address:	1200 South Pine Island Road		-	1.00 ONIO:	
	Plantation		, Florida 33324	ja i k	
	(City)		(Zip code)		

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

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.

	Oneil Khosa		
Chairma	n:		
Address	17710 Cadena Drive		
	Boca Raton, FL 33496		
Vice Cha	ılımın:		
	ıirmun:	- 	
Address:			-
	<u>,</u>	3	
Director:			
Director:			
Address:			
B. OFF	ICERS		·····
President:	Kevin Sheehan		
	115 Pinebrook Road		
	Bedford, NY 10506		<u> </u>
			<u>:::</u> • • • • • • • • • • • • • • • • • •
Vice Pres	ident:		22
Address:			<u> </u>
		32.1	
			(FTM. FT
Secretary:			721.0
Address:			<u> </u>

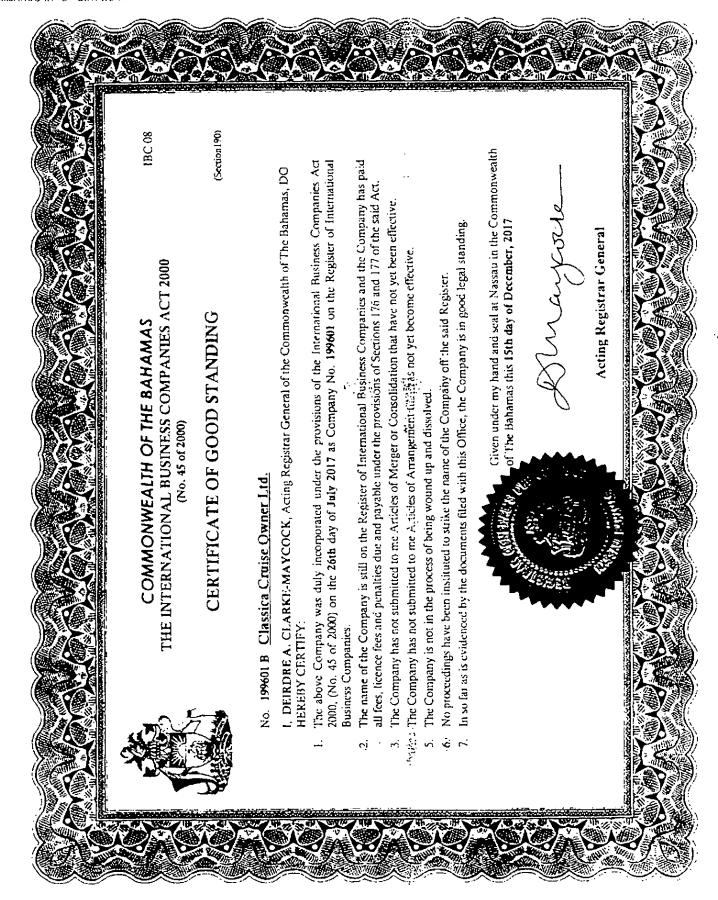
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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 frue 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. Kevin Sheehan President

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



850-617-6381

2/9/2018 9:22:21 AM PAGE 1/001 Fax Server



February 9, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CLASSICA CRUISE OWNER LTD. INC.

REF: W18000013180

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Fax cover sheet submitted is for a LLC, but your business is a Corporation.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H18000010396 Letter Number: 218A00002775

> 11. . . .

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P.O BOX 6327 - Tallahassee, Florida 32314