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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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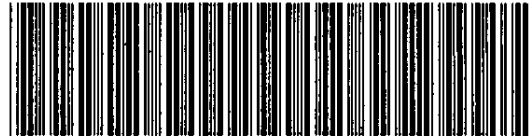
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 16 2018
J. HARRIS

SANTONI

LAW P.A. IN-HOUSE COUNSEL SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations
CONDADO TRAVEL, INC.

SUBJECT: _____
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:
Roberto Santoni

Name of Person
Santoni Law, P.A.

Firm/Company
4820 New Broad Street

Address
Orlando, Florida 32814

City/State and Zip code
rsantoni@FIHCLawGroup.com

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

For further information concerning this matter, please call:

Roberto Santoni 407 233-3490

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

407.233.3490

RSANTONI@FLORIDAINHOUSECOUNSEL.COM

4820 NEW BROAD ST., ORLANDO, FL 32814

FLORIDAINHOUSECOUNSEL.COM



**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.*

CONDADO TRAVEL, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Puerto Rico 66-0315646
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
March 12, 1969
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Calle Aldebaran 544 Altamira, Marginal Martinez
San Juan, Puerto Rico 00920
(Principal office address)

(Current mailing address, if different)

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

Name: Santoni Law, P.A.

Office Address:

4820 New Broad Street

Orlando

32814

_____, Florida _____
(City) (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.



(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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: Delia Diaz Collazo, Managing Director

Address: 544 Aldebaran St, Altamira

San Juan, Puerto Rico 00920

B. OFFICERS

Jose D. Targa

President: _____

PO Box 364806

Address: San Juan, Puerto Rico 00936-4806

Carmen Del Valle de Targa

Vice President: _____

PO Box 364806

Address: San Juan, Puerto Rico 00936-4806

Carmen Del Valle de Targa

Secretary: _____

PO Box 364806

Address: San Juan, Puerto Rico 00936-4806

Jose D. Targa

Treasurer: _____

PO Box 364806

Address: San Juan, Puerto Rico 00936-4806

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

12. Delia Diaz Collazo

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. Delia Diaz Collazo / Managing Director

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

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TALLAHASSEE FLORIDA



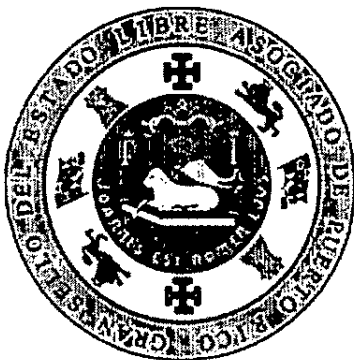
Government of Puerto Rico

CERTIFICATE OF EXISTENCE

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **CONDADO TRAVEL, INC**, registry number **20868**, is a **domestic for profit corporation**, organized on **March 12, 1969**, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 6, 2018**.

A handwritten signature in black ink, appearing to be "LGR", with a long horizontal line extending to the right.

LUIS G. RIVERA MARÍN
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 06-Mar-2019.

Certificate Validation Number: **239076-73827410**