F190000000564

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: SMART EXCURS	IONS INC
_	
DOCUMENT NUMBER: F/90000056	54
The enclosed Affidavit by Foreign Corporation to submitted for filing.	Change/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning this n	natter to the following:
SMART EXCURSIONS INC.	
Firm/Company 12290 LAWSON CREEK DRIVE Address	
Jacksonville 7/ 30218 City/State and Zip Code	
Deffeutygreg- to gmail. com E-makladdryss: (to be used for future annual repo	ort notification)
For further information concerning this matter, ple	ease call:
Gregory A. Petturay at (3) Name of Contact Person	35) 494 - 1874 Trea Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida D	Department of State for the following amount:
S35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
i alialiassee, i L J2J17	2001 LACCULTE CENTER CITED

Tallahassee, FL 32301



2019. 15 /11 8: 50

FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only durin	g the first calendar year of qualification)
1. The name of the foreign corporation as it ap	opears on the records of the Florida Department of State is:
SMARH EXCURSIONS	
2. This entity was authorized to transact busin	less in Florida on $\frac{1}{31/2019}$ and its Florida document
number is <u>F1900000564</u>	
3. This corporation was formed under the laws	of Woming
4. The name and address of each officer and/o	. 0
T <u>itle:</u>	Name and Address
<u> P</u>	Ynotte M. Perry
	3831 S.E. 18th Que
	GAINESUITE 71 32641
.10	_
UP	TRACIE HAMIS
	2120 corporale square blut
	Jacksonville, 71 32218
Socoelnas	Canan Alman Dalle
Secretary	GREGORY Alvin Pettury
•	1 21 - 21 - 21 - 21 - 21 - 21 - 21 - 21
	Gainesville, 21 32641
(Attach addition	nal pages if necessary)
of a filling	Secretury
nature of an officer of director	Secretary Title of person signing
ed of printed name of person signing	FILING FEE \$35
Make	checks payable to Florida Department of State and Mail to: sion of Corporations*PO Box 6327*Tallahassee, FL 32314