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(Re	equestor's Name)			
(Ac	ddress)			
(Address)				
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT [MAIL		
(Bı	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Stat	tus		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

> Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

Melissa Stops FROM

mstops@incserv.com

850.656.7953

REQUEST DATE 11/5/2019

PRIORITY Expedite

OUR REF # (Order ID#) 779956

ORDER ENTITY

BUFFALO TIKI TOURS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

BUFFALO TIKI TOURS, INC. (FL)

File the attached foreign qualification document and provide a certified copy and certificate of Sturis.

\$87.50

Authorized

Email address for annual report reminders: LPerez@dlphlaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, November 05, 2019

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.

"Inc.," "Co.," '	'Corp," "Inc," "Co," or "Corp.")			
Fort Myers Ti	kí Tours			
(If name unava	ilable in Florida, enter alternate corporate nar	ne ado	pted for the purpose of transacting busine	ess in Florida)
New York		3 82	-1561102	2019
	ntry under the law of which it is incorporated)	5. <u> </u>	(FEI number, if applicable	
(Date of incorporation) 6.		<i>J.</i>	(Date of duration, if other than per	
7017 Meadowl			orida, if prior to registration) F.S., to determine penalty liability)	: 30
· · · · · · · · · · · · · · · · · · ·	(Pri	ncipal o	office address)	
	(Current ma	ailing a	ddress, if different)	
8. Name and str	reet address of Florida registered agent: ((P.O. I	Box NOT acceptable)	
Name:	Brent Britton			
Office Address:	400 N. Tampa Street, Ste. 2840		_	
	Tainpa, FL		33602 Florida	
			, 1 101144	

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.

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

A. DIRECTORS				
Chairman:				
Address:				
Vice Chairman:				
Address:				
Director:	ZD19			
	100 <u>-</u>			
Address:	SS5 4			
	Per P			
Director:	027 : 3			
Address:	3			
B. OFFICERS				
President: Craig Schultz, President				
7017 Meadowlark Court, North Tonawanda, NY 14120 Address:				
Vice President: Michael Bartolotta, President				
Address: 6317 Hidden Ridge Lane, North Tonawanda, NY 14120				
Jeanette Schultz, Secretary Secretary:				
7017 Meadowlark Court, North Tonawanda, NY 14120				
Address:				
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing additional office of the control of t	cers and/or directors.			
12. Cray Stutty BS627E6F53C9412. 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 De a third degree felony as provided for in s.817.155, F.S.	partment of State constitutes			
Craig Schultz, President				
(Typed or printed name and canacity of person signing application)				

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BUFFALO TIKI TOURS, INC. was filed on 05/18/2017, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of November two thousand and nineteen.

Brade C Hydra

Brendan C. Hughes Executive Deputy Secretary of State 2019 KOV -5 PH 4: 3

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