FACCOCOTIU

| (Req | uestor's Name) | | | |
|---------------------------|------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City | /State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to F | iling Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section | | | • |
|--------|--|--|----------------------------|---|
| | Division of Corporations | T | • | |
| SHR | TECT: | Tour & Travel Res | ources inc | |
| SCD | | ne of corporation | - must include suffix | |
| Dear S | Sir or Madam: | | | |
| | | | | |
| "Certi | nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation to | ate of Good Stan | ding" and check are subm | Business in Florida," itted to register the |
| Please | return all correspondence conce | erning this matter Tracey Ha | | |
| | | ······································ | | 20 Tr |
| | | Name of | • | اران 10 |
| | | Tour & Travel Res | sources Inc | DEC |
| | | Firm/Com | | <u> </u> |
| | | | i McHenry Road | တ္တို့ ယ ! |
| | | | | |
| | | Addre | SS . | P _S |
| | | Long Grove, I | L 60047 | ori |
| | | City/State ar | nd 7in code | |
| | rickhazan@me.com | City/State at | nd Zip code | |
| | E-mail addı | ess: (to be used f | or future annual report no | tification) |
| For fu | rther information concerning thi | s matter, please c | all: | |
| Richa | rd Hazan | 847 at (| 414-1475 | |
| | Name of Person | Area Code | Daytime Telepho | ne Number |
| | STREET/COURIER ADDR | ecc. | MAILING AD | DDECC. |
| | Registration Section | ess. | Registration Sec | |
| | Division of Corporations | | Division of Con | |
| | The Centre of Tallahassee | | P.O. Box 6327 | |
| | 2415 N. Monroe Street, Suite 3 Tallahassee, FL 32303 | 810 | Tallahassee, FL | 32314 |
| | ed is a check for the following a make check payable to: FLORIDA | | OF STATE | |
| | .00 Filing Fee | | \$78.75 Filing Fee & | ■ \$87.50 Filing Fee, |
| _ •.0 | - | te of Status | Certified Copy | Certificate of Status & Certified Copy |

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.

| | rporation; must include "INCORPORATED." "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.") |
|--|--|
| lllir | |
| Augus | under the law of which it is incorporated) 19, 2002 perpetual 5. |
| 1/2/2020 | of incorporation) (Date of duration, if other than perpetual) |
| 6444 Реп | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) obroke Way, Naples, FL 34113 |
| | (Principal office street address) |
| 8. Name and stree | (Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable) Brad Bryant, Bryant Law |
| Name: Office Address: | 4851 Tamiami Trail North |
| Office Address. | Naples 34103 (City) (Zip code) |
| designated in this further agree to co | |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

under the law of which it is incorporated.

| A. DIRECTORS | - 'N Richard Hazan | Mar. | None | | | |
|--|-------------------------------------|--------------------------|--|--|--|--|
| □ Chairman | Name: | □ Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | 6444 Pembroke Way, Naples, FL 34113 | □Director | | | | |
| President | Temploke way, Napres, 12 3-412 | President | | | | |
| □Vice President | | □Vice President | | | | |
| Secretary | ☐ Treasur er | Secretary | ☐Treasure: | | | |
| Other | Other | Other | □Other | | | |
| Chairman | Tracey Hazan Name: | □Chairman □Vice Chairman | Name: | | | |
| ∐Vice Chairman | Address: | O vice Chairman | Address: | | | |
| Director | | □Director | 190 C | | | |
| ☐ President | | ☐ President | - Σ τ · - · · · · · · · · · · · · · · · · · | | | |
| ☐ Vice President | | □Vice President | 70 | | | |
| Secretary | Treasurer | Secretary | []Treasurer. | | | |
| Other | Other | Other | Other O | | | |
| □ Chairman | Name: | □Chairman | Name: | | | |
| | | DVice Chairman | Address: | | | |
| UVice Chairman | Address: | | Aumas. | | | |
| □Director | | □Director | | | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretary | ☐ Treasurer | Secretary | ☐ Treasurer | | | |
| □Other | Other | □Other | Other | | | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer | | | | | | |
| 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. Richard J Hazan | | | | | | |
| 13. | | rson signing application | n) | | | |
| | | | | | | |



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

TOUR & TRAVEL RESOURCES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 09, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH

day of DECEMBER A.D. 2019

uthentication #: 1934302226 verifiable until 12/09/2020

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE