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JUN 18 2020

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HotelPORT Inc.			
Name of co	orporation - mi	ist include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpo "Certificate of Existence." or "Certificate of above referenced foreign corporation to trans	Good Standing	and check are submitted to regist	Florida." er the
Please return all correspondence concerning a	this matter to tl	ne following:	
Fred Bean			
	Name of Pers	on	
REBEL Travel Corporation			
	Firm/Compan	·	
407 Lincoln Road, Suite 12D			F- 3
	Address	·	; ;
Miami Beach, Florida 33139			
City/State and Zip code		ζ'.	
fred.bean@rebel-travel.com			· ·
E-mail address: (to	o be used for fi	iture annual report notification)	
For further information concerning this matter	er, please call:		(2)
Fred Bean at (305	523-9434 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPARATE \$70.00 Filing Fee \$78.75 Filing For Certificate of S	ARTMENT OF fee & 🗆 \$7	8.75 Filing Fee & 💢 🔲 \$87.50 F	ate of Status &

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.

HotelPORT Inc.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
HotelPORT Co			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	iess in Florida)
Delaware 2.	3.	84-2393476	
Delaware (State or country under the law of which it is incorporated		(FEI number, if applicable)	
4. 06/09/2019	5		<u> </u>
4. (Date of incorporation)		(Date of duration, if other than pe	rpetual)
6			<u> </u>
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
407 Lincoln Road		isozi i ioni to determine penning neering ,	
7. 407 Lincoln Road, Suite 12D (Principal office street address)		fice street address)	57
	•		-
	(Current maili	ing address, if different)	 _
			 (, '
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	:
Name:	Fred Bean		9
name.	407 Lincoln Road, Suite 12D		 (A)
Office Address:	407 Effective Road, State 1219		
	Miami Beach	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.



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.

A. DIRECTORS Fred Bean Name: ______ □ Chairman Name: ■ Chairman 1040 Biscayne Blvd #2905 Address: ______ ☐ Vice Chairman Address: □ Vice Chairman Miami □Director □ Director Florida □President □President 33139 □ Vice President □Vice President ☐Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ Name: ______ □ Chairman □ Chairman Address: □ Vice Chairman □Vice Chairman Address: ______ □ Director □ Director □President □President □Vice President □Vice President ______ □Treasurer □ Treasurer □ Secretary □ Secretary ☐ Other _____ □ Other _____ ☐Other ______ □Other Name: _____ Name: _____ □ Chairman □ Chairman Address: □ Vice Chairman □ Vice Chairman Address: ______ □ Director Director □President President ☐ Vice President □Vice President __ ____ □Treasurer □ Secretary ☐Treasurer □ Secretary □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 yould being Department of State Annual Report form. 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 I she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for it s.817.155, F.S. Fred Bean, Chairman (Typed or printed name and capacity of person signing application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOTELPORT INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOTELPORT INC."

WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

70.1.



Authentication: 202916897

Date: 05-12-20