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(((H20000368200 3)))



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Fax Number

: (850)617-6383

From:

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Phone : (608)827-5300

Fax Number : (608)827-5501

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Email Address: info@campustours.com

2020 OCT 22 AM 9: 08

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## FOREIGN PROFIT/NONPROFIT CORPORATION

CampusTours, Inc.

Certificate of Status	0
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M. SOLOMON

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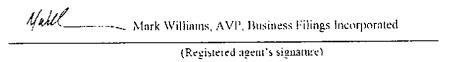
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1.	Campus Four				_	
		rporation: must include "INCORPORATED."  ip." "lnc." "Co." or "Coip.")	" "(	"OMPANY," "CORPORATION,"		
	,,,, co., co	The second of th				
	(If name unavailal	ble in Florida, enter alternate corporate name	ado	oted for the purpose of transacting business in Florida	)	
า	Delaware	3	5	1-0504269		
	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	_	
4.	3/31/2004	5.	F	erpetual		
.,	(Date o	of incorporation)		(Date of duration, if other than perpetual)		
6.	Upon Qualitic					
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	in Flo 502,	orida, if prior to registration) F.S., to determine penalty liability)		
7	110 Jacques	Road, Auburn, Maine 04210				
•••	<del></del>	(Princi)	pal (	office address)		
		(Curen maili	ing a	ddiess, if different)	2020	
8,	Name and <u>street</u>	<u>t address</u> of Florida registered agent: (P.C	O. E	Box NOT acceptable)	2020 OCT 22	
	Name:	Business Filings Incorporated		_	7	******
O	ffice Address:	1200 South Pine Island Road			A	
		Plantation			90 :	
		(City)		(Zip code)	æ	

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.

Fax Audit # H20000368200 3

11 Traines and ourness addresses of officers and of director	,	
A. DIRECTORS	·	
Chairman		
Address		
Vice Chanman		_
Address.		
		_
Director: Chris Carson		
Address: 110 Jacques Road, Auburn, Maine 04210		
		_
Director		
Address:		
B. OFFICERS		
President: Chris Carson		_
Address, 110 Jacques Road, Auburn, Maine 04210	۶.	2020
	· 全	.00 .00
Vice President:		I 22
Address:		
	는 67 그 등	;6 Hÿ
Secretary:		; 08
Add: ess:		_
<i>a</i>		
Address.		,
	plication listing additional officers and/or directors.	-
NOVE: If necessary, you may attach in addendum to the app	preduot rising additional officers and or circulors.	
Signature of Direct	ctor or Officer	
The other or director signing this document (and who is list are true and that he or she is aware that false information sub-		
a third degree felony as provided for in \$.817-155, F.S.		
13. Chris Carson, President	of nervor stemme amplication)	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CAMPUSTOURS, 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 TWENTY-FIRST DAY OF OCTOBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 203905886

Date: 10-21-20