

F95000004753

Document Number Only

95

C T CORPORATION SYSTEM  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone  
904-222-1092  
CORPORATION(S) NAME

7000015981  
-09/29/95--01039-01  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

700001598147  
-09/29/95--01039-010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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SECRETARY OF STATE  
CORPORATIONS  
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mt

Passport to Adventure, Inc.

☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign  
☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Mark  
☐ Other  
☐ Change of N.A.  
☐ Fictitious Name  
☐ CUS/ G/S  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out  
☐ Call If Problem  
☐ Will Wait  
☐ After 4:30  
☒ Pick Up

Name  
Availability  
Document  
Examiner  
Updater  
Verifier  
Acknowledgment  
W.P. Verifier

3:00

9-29-95

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CH2E031 (1-89)

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. PASSPORT TO ADVENTURE, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or  
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person  
or partnership if not so contained in the name at present.)

2. Nevada

(State or country under the law of which it is incorporated)

3. 59-3325774

(FEI number, if applicable)

4. July 27, 1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 5552 Capital Circle N.W., Tallahassee, Florida 32303

(Current mailing address)

8. Marketing

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of  
Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine  
Island Road

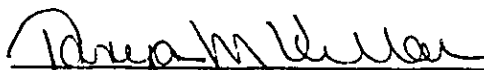
Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System



(Registered agent's signature) (Officer)

TANYA M. VILLAR  
SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: see attached list of directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: Garry Hanson

Address: 5552 Capital Circle N.W.

Tallahassee, Florida 32303

Vice President: Wayne Massey

Address: 5552 Capital Circle N.W.

Tallahassee, Florida 32303

Secretary: Edgar Bolton

Address: 5552 Capital Circle N.W.

Tallahassee, Florida 32303

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Treasurer: Edgar Bolton


Address: Circle N.W.

aida 32303

NOTE: If necessary, you  
and/or directors.

Idendum to the application listing additional officers

13.

  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the  
application)

14. Gary Hanson, President

(Typed or printed name and capacity of person signing application)

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Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of  
PASSPORT TO ADVENTURE, INC.**

---

1. Garry Hanson  
5552 Capital Circle N.W.  
Tallahassee, Florida 32303
2. Wayne Massey  
5552 Capital Circle N.W.  
Tallahassee, Florida 32303
3. Edgar Bolton  
5552 Capital Circle N.W.  
Tallahassee, Florida 32303

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# SECRETARY OF STATE



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## CERTIFICATE OF CORPORATE EXISTENCE (EXCLUDING AMENDMENTS)

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate, **PASSPORT TO ADVENTURE, INC.** is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith, is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 27th day of September, 1995

*Dean Heller*

Secretary of State

By

*Erin Fite*

Certification Clerk

F 95000004753

Attn: AGENT SERVICES DIV.

Requestor's Name  
CT CORPORATION SYST.

Address  
1633 BROADWAY

City/State/Zip Phone #  
N.Y., N.Y. 10019

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 568881844365  
-05/30/96--01046--007  
\* \*\*\*87.50 \*\*\*\*\*87.50
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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TALLAHASSEE, FLORIDA

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AND  
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Florida Department of State, Jim Smith, Secretary of State

### RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as  
(name of registered agent)

Registered Agent for PASSPORT TO ADVENTURE, INC.  
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF NEVADA

A copy of this resignation was mailed to the above listed corporation at its last known address.

5552 Capital Circle, NW  
Tallahassee, FL 32303  
Attn: David Eisenstein Atty.

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

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AND  
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JUN 31 PM 23  
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TALLAHASSEE, FLORIDA

  
SIGNATURE  
ASSISTANT SECRETARY

#### FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation

Division of Corporations - P. O. Box 6327 - Tallahassee, FL 32314  
CR2E046 (7-90)