

F96000000654

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: JCL TRAVEL INC.
(Name of corporation - must include suffix)

82/8
95 FEB - 8 PM 3:29
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JULIA Tramble Sokolic
(Name of Person)

JCL TRAVEL INC
(Firm/Company)

P.O. Box 23235
(Address)

FORT LAUDERDALE, FL 33307
(City/State/Zip)

900001710249
-02/08/96--01047--004
*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

JULIA T. SOKOLIC
(Name of Person)

at (305) 563-1394
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. JCL TRAVEL, 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. Georgia
(State or country under the law of which it is incorporated)
3. 582024253
(FEI number, if applicable)
4. 12-18-92
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. UNION QUALIFICATION
(Date first transacted business in Florida (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3660 N.E. 13th Ave Mailing address:
P.O. Box 23235
 Ft. Lauderdale, FL 33334 Ft. Lauderdale, FL 33307
(Current mailing address)
8. Travel Service
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: JULIA SOKOLIC
Office Address: 3660 N.E. 13th Ave
Fort Lauderdale, Florida, 33334
(Zip Code)

10. 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.

Julia T. Sokolic
(Registered agent's signature)

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB -8 PM 3:29

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: JULIA T. SOKOLIC
Address: 3660 N.E. 13th AVE. Fort Lauderdale, FL 33334
Vice Chairman: JULIA T. SOKOLIC
Address: 3660 N.E. 13th AVE. Fort Lauderdale, FL 33334

Director: JULIA T. SOKOLIC
Address: 3660 N.E. 13th AVE.
Fort Lauderdale, FL 33334

Director: JULIA T. SOKOLIC
Address: 3660 N.E. 13th AVE
Fort Lauderdale, FL 33334

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB - 8 PM 3:29

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: JULIA T. SOKOLIC
Address: 3660 N.E. 13th AVE
Fort Lauderdale, Florida 33334

Vice President: GLADIZ MARTIN
Address: 17411 S.W. 109th AVE
Miami, Florida 33157

Secretary: CIARA LIZ MENDEZ
Address: 3660 N.E. 13th AVE
Fort Lauderdale, Florida 33334

Treasurer: JULIA T. SOKOLIC
Address: 3660 N.E. 13th AVE. Fort Lauderdale, FL 33334

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Julia T. Sokolic
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JULIA T. SOKOLIC
(Typed or printed name and capacity of person signing application)

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 960120782
CONTROL NUMBER : 9225239
DATE INC/AUTH/FILED : 12/18/1992
JURISDICTION : GEORGIA
PRINT DATE : 01/12/1996
FORM NUMBER : 211

JULIA T SOKOLIC
C/O JCL TRAVEL INC.
P O BOX 23235
FT. LAUDERDALE FL 33307-3235

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB -8 PM 3:29

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JCL TRAVEL, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE



F9600000654

Requestor Name
Sulina Sokolic
P.O. Box 23235
Fort Lauderdale, FL 33307

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

*Refer to App
1029
PKS*

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

700001970467
-10/10/96--01040--004
*****43.75 *****43.75

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

W 96-21741

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: JULIA SOKOLIC EIN or SS#: _____

Address: PO BOX 23235

FORT LAUDERDALE, FL 33307

Amount: 43.75 Date Paid _____

Reason for claim: WITHDRAWAL OF FILING INCORRECT AMENDMENT.
JCL TRAVEL, INC., F96000000654.

Certified true and correct this _____ day of _____

Signature SEE ATTACHED

* Must be completed if authority is other than Section 215.26, Florida Statutes.

K. GIBSON

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>43.75</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>01040 004</u> dated <u>10/10/96</u>	
Name of Account	<u>452021300014530000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	_____ (Authorized Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 14, 1996

JULIA SOKOLIC
PO BOX 23235
FORT LAUDERDALE, FL 33307

SUBJECT: JCL TRAVEL, INC.
Ref. Number: F96000000654

*PLEASE Refund
the \$43.75, and
cancel this
transaction.
Julia Sokolic*

We have received your document for JCL TRAVEL, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

We are enclosing the proper form(s) with instructions for your convenience.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 996 30046650