## TO: Qualification and Lieu Section Division of Corporations

Evans Travel Group, Inc. (Name of corporation - must include suffix)

Dear Sir or Madam.				
The enclosed "Application by Foreign Corporation for Authorization to Transact Bu Florida", "Certificate of Existence", and check are submitted to register the above reforeign corporation to transact business in Florida.	siness ir ferenced	n 1		
Please return all correspondence concerning this matter to the following:				
Terra Frey 1511 (Namo of Person) -08708	<b>(C)(1, 1</b> 5796() 870, 00	€1 11002 11003	2:1 L 2001    001	U.)). 00
Evans Travel Group, Inc.				We
615 Baronne Street, Suite 2.05 (Address)	SECRE TALLAF	96 AU	وبيت	
Mew Orleans, Louisiana 70113-1019 (City/State/Zip)	TARY D	6-2 PI		
Evans Travel Group, Inc.  (Firm/Company)  615 Baronne Street, Suite 2.05  (Address)  New Orleans, Louisiana 70113-1019  (City/State/Zip)  Should you need to call someone concerning this matter, please call:	FLORIDA	3:45	FILED	
Terra Frey at (504) 552-2 (Name of Person) (Area Code & Daytime Telep				

## **COURIER ADDRESS:**

SUBJECT:

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.	Evans Travel Group. Inc.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or		
	(Name of corporation; must include the world "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.)		
	The second secon		
2	/ nuiciana 2 /2-1072/47		
٠.	(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (1431 number, if applicable)		
4	19 June 1996 5 perpetual		
-41	(Date of Incorporation)  5. Perpetual (Duration: Year Corp., will cease to exist or "perpetual")		
6.	(Date first transacted business in Florida, (SEE SECTIONS 607, 1501, 607, 1502, AND 817, 155 (2015))		
	(Date first transacted business in Florida, (SEE SECTIONS 607, 1501, 607, 1502, AND 817, 155 (158))		
7.	615 Baronne Street Suite 205 The 7 M		
	615 Baronne Street, Suite 205 To To To		
	New Orleans Louisiana 7013-1018		
	New Orleans, Louisiana 70113-1019 5. (Current mailing address)		
R	Travel Management Company		
٠.	Travel Management Company (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		
٦.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
	• •		
	Name: Debbie Keating		
	——————————————————————————————————————		
	Office Address: 15 Yacht Club Dr NE		
	Ft. Walton Beach, Florida, 32458		
10	. Registered agent's acceptance: (Zip Code)		
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.			

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.

Ratin

(Registered agent's signature)/

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) 615 Baronne Street, Suite 205 New Orleans, Louisiana 70113-1019 Vice Chairman: Address: Director: Address: \_\_\_\_ Director: \_\_\_\_\_\_ Address: \_\_\_\_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) Scott A. Evans President: 615 Baronne Street, Suite 205 Address: \_\_\_\_\_ New Orleans Louisiana 70113-1019 Vice President: Louis Poore Address: 615 Baronne Street, Suite 205 New Orleans, Louisiana 70113-1019 Secretary: Address: \_\_\_\_ Treasurer: \_\_\_\_\_ Address: \_\_\_\_\_ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Vice Chairman, or any officer listed in number 12 of the application) (Signature of Chairman, Lowis Poore Vice President
(Typed or printed name and capacity of person signing application)



SHECORRIGHANIAN CORE SPEAKING

As Tecretary of State, of the State of Louisiana, I do hereby Certify that

A Louisiana corporation domiciled at New Orleans,

Filed charter and qualified to do business in this State on June 19, 1986,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In lestimony whereof, I have hereunto sel my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 8, 1996

Jox. M: Tillen

CGR

Secretary of State