F9900000635

To: Qualification/Tax Lien Section Division of Corporations		- <u>:</u> :
SUBJECT: TRAVEL EXPLORERS, INC. (Name of corporation - must include suffix)		
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:		
William BEYER		1
(Name of Person)		
TRAVEL EXPLORERS,	<u> </u>	0027029854 -12/04/9801041003
(Firm/Co	mpany)	*****70.00 *****70.00
_ 7584 80th St. South		
(Address) <u>Cottage Grove</u> , UN. 55016 - 27226 (City/State/Zip)		
Should you need to call someone concerning this matter, please call:		
(Name of Person) at (651) 458-9773 (Area Code & Daytime Telephone Number)		
(4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Code to Daytime Telephone	FEB -
STREET ADDRESS:	MAILING ADDRESS:	RYCORD CORRESPONDED
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	stion STATE
Enclosed is a check for the following amount:		= 3/2/2
A 070 00 700 7	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 7, 1998

WILLIAM BEYER TRAVEL EXPLORER'S, INC. 7584 80TH ST. SOUTH COTTAGE GROVE, MN 55016

SUBJECT: TRAVEL EXPLORER'S, INC.

Ref. Number: W98000027226

We have received your document for TRAVEL EXPLORER'S, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida corporation or a foreign corporation authorized to transact business in Florida. Please correct the document.

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 (850) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 098A00057608

SECRETARY OF STATIONS
ON ISLOW OF COMPORATIONS
99 FEB -2 PM 1: 16

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. EXPLORERS, 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.) (State or country under the law of which it is incorporated) 1998 business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) RAUCL AGENCY
of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) ERNATIONAL /PATRICIA Hazen 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. (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.

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: Vice Chairman: ___ Address: Director: Address: Director: B. OFFICERS (Street address only - P.O. Box NOT acceptable) STREET North 54016 Vice President: FLORIDA 33942 Diane HSSS-Beyer Address: (Some) NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Drane Abs-Beyer (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) DIANE HESS-BEYER (Typed or printed name and capacity of person signing application)

DFI/CCS/Corp Fm 31-A (7/96)

- Printed on Recycled Paper - = ==

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

TRAVEL EXPLORER'S, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is FEBRUARY 14, 1996.

I further certify that said corporation has, during its most recently completed report year, filed with this department an _ annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

> IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department NOVEMBER 25, 1998. on

Richard/L. Dean, Secretary Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.