

P00000087972  
BUTLER & WELLBERY, P.A.  
Certified Public Accountants

665 SE 10th Street, Suite 100  
Deerfield Beach, FL 33441  
Email: e-cpa@usa.com  
Phone: (954) 480-8541  
Fax: (954) 426-8873

July 31, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Four Seasons Travel Services, Inc.

400003358484--3  
-08/16/00--01069--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check:

- ☐ \$70.00 for the filing fee
- ☒ \$78.75 for the filing fee and certificate
- ☐ \$122.50 for the filing fee and certified copy
- ☐ \$131.25 for the filing fee, certified copy and certificate

00 SEP 18 PM 1:18

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FROM:

Thomas A. Larkin  
1408 NE 9th Street  
Fort Lauderdale, FL 33304

2544  
1000-200034  
509-2544

ga 9/18/00



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 18 PM 1:18

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 12, 2000

THOMAS A. LARKIN  
1408 NE 9TH STREET  
FORT LAUDERDALE, FL 33304

SUBJECT: FOUR SEASONS TRAVEL SERVICES, INC.  
Ref. Number: W00000020634

We have received your document for FOUR SEASONS TRAVEL SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name of the entity must be identical throughout the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 300A00048025



FILED  
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DIVISION OF CORPORATIONS

00 SEP 18 PM 1:18

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 22, 2000

THOMAS A. LARKIN  
1408 NE 9TH STREET  
FORT LAUDERDALE, FL 33304

SUBJECT: FOUR SEASONS TRAVEL SERVICES, INC.  
Ref. Number: W00000020634

We have received your document for FOUR SEASONS TRAVEL SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 700A00044993

**ARTICLES OF INCORPORATION OF**  
**Four Seasons Travel ~~Services, Inc.~~**

*AND TOURS INC*

The undersigned in incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the Corporation shall be:

*Four Seasons Travel AND TOURS Inc*  
~~Four Seasons Travel Services, Inc.~~

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1408 NE 9th Street  
Fort Lauderdale, FL 33304

**ARTICLE III - SHARES**

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is:

1000 Shares

**ARTICLE IV - INITIAL REGISTERED  
AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Thomas A. Larkin  
1408 NE 9th Street  
Fort Lauderdale, FL 33304

**ARTICLE V - INCORPORATOR(S)**

The name and street address of the incorporator to these Articles of Incorporation is:

Thomas A. Larkin  
1408 NE 9th Street  
Fort Lauderdale, FL 33304

The undersigned incorporator has executed these Articles of Incorporation this July 31, 2000.

*Thomas A. Larkin July 31 00*  
Signature

FILED  
CLERK OF STATE  
IN THE OFFICE OF  
00 SEP 19 PM 1:18

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

*Four Seasons Travel AND TOURS LLC*  
~~Four Seasons Travel Services, Inc.~~

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2. The name and address of the registered agent and office is:

Thomas A. Larkin  
1408 NE 9th Street  
Fort Lauderdale, FL 33304

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPA FORT LAUDERDALE. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

*Thomas A. Larkin*  
Signature

*July 31-00*  
July 31, 2000