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SECRETARY OF STATE STATES

1/4

COVER LETTER

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

SUBJECT: BAI Travel Consultants, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL.

- Certificate of Status

\$ 8.75

James D. Dati

Name (printed or typed)

4001 Tamiami Trail North, Suite 250

Address

Naples, FL 34103-3555

City, State & Zip

239-659-3800

Daytime Telephone Number

jdati@bsk.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION



The undersigned, Gary Brooks	President and Treasule 13 PH, I
(Name)	(Title)
of BAI Travel Consultants, Inc.	a foreign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statute	
1. The date on which corporation was first for	nned was November 3 1986
The jurisdiction where the above named co- came into being was New York	orporation was first formed, incorporated, or otherwise
3. The name of the corporation immediately page 3. BAI Travel Consultants, Inc.	orior to the filing of this Certificate of Domestication
4. The name of the corporation, as set forth in s. 607.0202 and 607.0401 with this certific	its articles of incorporation, to be filed pursuant to tate is BAI Travel Consultants, Inc.
	iege social, or principal place of business or central ther equivalent jurisdiction under applicable law, cate of Domestication was
 Attached are Florida articles of incorporati to s. 607.1801. 	on to complete the domestication requirements pursuant
I am Gary Brooks of BAI Travel C	Consultants, Inc.
and am authorized to sign this Certificate of De	omestication on behalf of the corporation and have done
so this the 6 day of January	, 2014
(Autho	orized Signature)
Certificate of Domesticat	Filing Fee:
Articles of Incorporation	

Total to domesticate and file

\$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

2014 JAN 13 PM 1: 32

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

BAI Travel Consultants, Inc.	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS Principal Address 27251 Enclave Drive	Mailing Address 27251 Enclave Drive
Bonita Springs, FL 34134	Bonita Springs, FL 34134
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGA Any and all lawful purposes.	NIZED:

ARTICLE IV	SHARES
------------	--------

THE NUMBER OF SHARES OF STOCK IS: 200

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name
Gary Brooks	Director
27251 Enclave Drive	President
Bonita Springs, FL 34134	Treasurer
Title/Name	Title/Name
Margriet Itz-Brooks	Director
27251 Enclave Drive	Vice President
Bonita Springs, FL 34134	
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Gary Brooks

27251 Enclave Drive

Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Gary Brooks

27251 Enclave Drive

Bonita Springs, FL 34134

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Signature/Incorporator

01/6/2014

Date

01/6 /2014

Date

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