

PLS000028442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

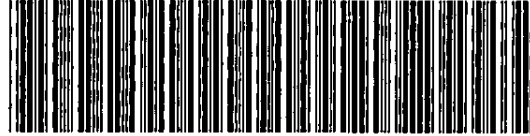
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/16/15--01049--032 **128.75

FILED
15 MAR 26 PM 1:11
SEAL MAR 1 OF 5 PAID
TALLAHASSEE FLORIDA

WS-19133

COVER LETTER

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

SUBJECT: Moving Business to Florida from Indiana

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

Cruise Planners, Inc

Name (printed or typed)

PO Box 351, 285 Monroe Ave #1

Address

Cape Canaveral, FL 32920

City, State & Zip

877-848-1169 or 321-784-4548

Daytime Telephone Number

tjohnston214@earthlink.net

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2015

CRUISE PLANNERS, INC
PO BOX 351
CAPE CANAVERAL, FL 32920

SUBJECT: CRUISE PLANNERS, INC
Ref. Number: W15000019133

We have received your document for CRUISE PLANNERS, INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 715A00005431

RECEIVED
15 MAR 26 AM 11:09
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

The undersigned, Tamara L. Johnston, Vice President/Treasurer,
(Name) (Title)

of Cruise Planners, Inc a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 19, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Indiana.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Cruise Planners, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Cruise Planners, of Brevard County, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Indiana, City of Indianapolis.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Vice President, of Cruise Planners, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 12th day of March, 2005

Tamara L Johnston
(Authorized Signature)

FILED
MAR 26 PM 1:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee:

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

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Cruise Planners of Brevard County, Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

285 Monroe Ave #1

PO Box 351

Cape Canaveral, FL 32920

Cape Canaveral, FL 32920

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To operate a travel agency and sell cruise vacations and
to transact any and all lawful business for which
corporations may be organized under BCl.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

Title/Name

President/Robert S. Johnston

285 Monroe Ave #1

Cape Canaveral, FL 32920

Title/Name

VP/Treasurer Tamara L Johnston

285 Monroe Ave #1

Cape Canaveral, FL 32920

Title/Name

Title/Name

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:

Tamara L. Johnston

285 Monroe Ave #1

Cape Canaveral, FL 32920

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Tamara L. Johnston

285 Monroe Ave #1

Cape Canaveral FL 32920

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.

Tamara L Johnston
Signature/Registered Agent

3-12-2015
Date

Tamara L Johnston
Signature/Incorporator

3-12-2015
Date

FILED
15 MAR 26 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA