

P95000010505

JANUARY 18, 1995

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

700001397897
-02/06/95--01012--003
****210.00 *****70.00

Re: LOCOMOTION TOUR OPERATOR, INC.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$70.00.

this represents the cost of the Filing Fees and Fee for Registered Agent Designation for the above named corporation.

Very truly yours

Richard D. Danley

Richard D. Danley

LOCOMOTION TOUR OPERATOR, INC.
c/o Richard D. Danley
3501 13th Street
St. Cloud, Fl 34769

(407) 892-1002

FILED
1995 JAN 18 11:02

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2/10/95

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ARTICLES OF INCORPORATION 1995 FEB -3 AM 11:02

of

LOCOMOTION TOUR OPERATOR, INC.

STATE
FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLES I - CORPORATE NAME & ADDRESS

The name of the Corporation is:

LOCOMOTION TOUR OPERATOR, INC.
4948 CASON COVE DR. Suite 304
ORLANDO, FL 32811

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED THOUSAND shares (100,000) of ONE Dollar (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

RICHARD D. DANLEY
3501 13TH STREET
ST. CLOUD, FL 34769

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

LUIZ KAUFMANN
4948 CASON COVE DR. Suite 304
ORLANDO, FL 32811

HELOISA MORI
4948 CASON COVE DR. Suite 304
ORLANDO, FL 32811

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

LUIZ KAUFMANN
4948 CASON COVE DR. Suite 304
ORLANDO, FL 32811

HELOISA MORI
4948 CASON COVE DR. Suite 304
ORLANDO, FL 32811

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 19 day of January, 1995.

L Kaufmann (Seal)
HeLoisa mori (Seal)

STATE OF FLORIDA)
COUNTY OF Osceola) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared LUIZ KAUFMANN known to me or who has produced HIS Drivers License # K155-537-56-115 as identification, personally appeared HELOISA MORI known to me or who has produced HER Drivers License # M600-328-66-556 as identification, and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that THEY executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 19 day of January, 1995.

(Notary Seal)

Richard D. Danley
(Notary Public, State of
Florida at Large)



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
1995 FEB -3 AM 11:02

TALLAHASSEE, FLORIDA

LOCOMOTION TOUR OPERATOR, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.034
the following is submitted:

The above corporation, desiring to organize under the
State of Florida with its registered office as indicated
in the Articles of Incorporation at:

3501 13TH STREET
ST. CLOUD, FL 34769

has named RICHARD D. DANLEY location at the aforesaid
address, as its Registered Agent to accept service of
process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the
above stated corporation at the place designated in this
certificate, I hereby accept to act in this capacity and
agree to comply with the provisions of Florida Law in
keeping open said office.

Richard D. Danley
(Registered Agent)

P95000010505

Form 8822
May 1994

Department of the Treasury
Internal Revenue Service

Change of Address

Please type or print.

OMB No. 1545-1183
EPA 5-31-95

See instructions on back.

Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check ALL boxes this change affects:

1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)

If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐

2 ☒ Employment tax returns for household employers (Forms 942, 940, and 940-EZ)

Enter your employer identification number here ☐

3 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)

For Forms 706 and 706-NA, enter the decedent's name and social security number below.

Name ☐ Social security number

4a Your name (first name, initial, and last name)

4b Your social security number

5a Spouse's name (first name, initial, and last name)

5b Spouse's social security number

6 Prior name(s). See instructions

7a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Apt. no.

7b Spouse's old address, if different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Apt. no.

8 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check ALL boxes this change affects:

9 ☒ Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)

10 ☐ Employee plan returns (Forms 5500, 5500 C/R, and 5500EZ)

11 ☒ Business location

12a Business name

12b Employer identification number

LOCOMOTION TOUR OPERATOR, INC.

59-328999

13 Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Room or suite no.

P.O. BOX 690981, ORLANDO, FL 32869-0981

14 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Room or suite no.

1080 SW 46TH ST. # 104, POMPANO BEACH, FL 33069

15 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions

Room or suite no.

1080 SW 46TH ST. # 104, POMPANO BEACH, FL 33069

Part III Signature

Please Sign Here

Your signature

Date

If Part II completed, signature of owner, officer, or representative

Date

If joint return, spouse's signature

Date

Title

For Privacy Act and Paper Reduction Act Notice, see back of form.

H884

U.S. GOV. PRINTING OFFICE: 1995

Form 8822 (Rev. 5-94)

Updated 11/9/95
L/C