

P 95000 47013 Only

6-15-95 Mr. M. Valdes
Requester's Name
1600 Lakeside Associates
Address
8404 S.W. 40th Street
Miami, FL 33155
City State ZIP Phone
553-8080

VALIDATION ONLY

000001515220
-06/16/95--01043--021
****122.50 ****122.50

CORPORATION(S) NAME

B.E.T. TOURS, CORP.

FILED
JUN 16 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EMPIRE Toll Free: 1-800-432-3028

- | | | |
|----------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

F. CHANCE JUN 15 1995

ARTICLES OF INCORPORATION
OF
B.E.T. TOURS, CORP.

FILED
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TALLAHASSEE, FLORIDA

ARTICLE ONE: The name of the corporation is:
B.E.T. TOURS, CORP.

ARTICLE TWO: Capital Stock.

The maximum number of shares of stock that this corporation is authorized to issue and have outstanding at any time, is: ONE HUNDRED (100) shares of common stock having a par value of ONE DOLLAR (\$ 1.00) each.

ARTICLE THREE: Nature of Business and Powers.

The general nature of business to be transacted by this Corporation, is to engage in any kind of business permitted under the laws of the State of Florida.

ARTICLE FOUR: Terms of existence.

This corporation shall have perpetual existence, commencing upon the filing of these articles.

ARTICLE FIVE: Registered Agent.

The registered Agent and the street of the initial Registered Agent of this corporation in the State of Florida shall be:

MARTA FRASCARELLI
14378 S.W. 98 TERRACE
MIAMI, FL 33186

ARTICLE SIX: Board of Directors.

This Corporation shall have THREE (3) Directors Initially. The number of Directors may be increased or diminished from time to time by bylaws adopted by the Stockholders, but shall never be less than one.

ARTICLE SEVEN: Initial Director(s).

The name(s) of the initial Director(s) of this Corporation and address:

MARTA FRASCARELLI
14378 S.W. 98 TERRACE
MIAMI, FL 33186

LUIS EDGARDO FRASCARELLI
14378 S.W. 98 TERRACE
MIAMI, FL 33186

HORACIO DE FELICE
14341 S.W. 98 TERRACE
MIAMI, FL 33186

The person(s) named as initial Director(s) shall hold Office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified whichever occurs first.

ARTICLE EIGHT: Incorporator.

The name and street address of the person signing these articles of incorporation as the Incorporator is:

MARTA FRASCARELLI
14378 S.W. 98 TERRACE
MIAMI, FL 33186

ARTICLE NINE: Officers of the Corporation.

The following person(s) have been elected officer(s) of the Corporation:

MARTA FRASCARELLI (PRESIDENT)
14378 S.W. 98 TERRACE
MIAMI, FL 33186

LUIS EDGARDO FRASCARELLI (SECRETARY)
14378 S.W. 98 TERRACE
MIAMI, FL 33186

HORACIO DE FELICE (TREASURER)
14341 S.W. 98 TERRACE
MIAMI, FL 33186

ARTICLE TEN: Address of the Corporation.

The principal office of this Corporation shall be: GREAT WESTERN BLDG., 137 AVENUE & NORTH KENDALL DRIVE, MIAMI, FLORIDA, FL 33183.

ARTICLE ELEVEN: Amendment.

These Articles of Incorporation may be amended in the manner provided by Law. Every amendment shall be approved by the Board of Directors and approved at a Stockholder's meeting by at least a majority of the stock entitled to vote, unless all of the Directors and all of the Stockholders sign a written statement manifesting their intention that certain amendment of these Articles of Incorporation be made.

In witness thereof, the undersigned, as Incorporated, has executed the forgoing Articles of Incorporation in Miami, June 14, 1995.

Incorporator



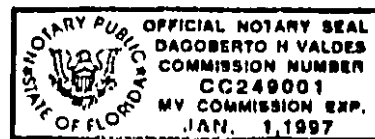
Marta Frascarelli


STATE OF FLORIDA

COUNTY OF DADE

Before me, a Notary Public, personally appeared Marta Frascarolli
to me known to be the person described as the Incorporator and
acknowledge before me that she subscribed to these Articles of
Incorporation.

Miami, June 14, 1995





Notary Public

State of Florida at Large

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

In compliance with section 48.091, Florida Statutes, the following
is submitted:

That B.E.T. TOURS CORP.

desiring to organize under the laws of the State of Florida with
its principal office of Incorporation at: GREAT WESTERN BLDG., 137
AVENUE & NORTH KENDALL DRIVE, MIAMI, FL 33183, has appointed MARTA
FRASCARELLI 14378 S.W. 98 TERRACE, MIAMI, FL 33186, County of Dade,
State of Florida, as its agent to accept services of process within
the State of Florida.

Acknowledgement:

Having been named to accept services of process for the above named
Corporation at the place designated in this certificate, the
undersigned agrees to comply with the provisions of Florida Law
relative to keep the designated office open.


Marta Frascarelli
Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 JUN 16 PM 2:05

FILED

APPLICATION
FOR
REINSTATEMENT
FOR 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV -8 AM 11:10

SECRETARY OF STATE

1. Name and Mailing Address of Corporation: DOCUMENT # 1996 P95-000047013

B.E.T. TOURS CORP.
13701 KENDALL DRIVE, SUITE 300
MIAMI, FL 33186

2. If Address in Block 1 is not correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

4. FBI Number

65-6179045

FBI Number Assigned For
FBI Number Not Applicable

5. Name and Street Addresses of Each Officer and/or Director

Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
D/P	MARTA FRASCARELLI	14378 S.W. 98 TERRACE	MIAMI, FL 33186
D/S	LUIS E. FRASCARELLI	14378 S.W. 98 TERRACE	MIAMI, FL 33186
D/T	HORACIO DE FELICE	14341 S.W. 98 TERRACE	MIAMI, FL 33186

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☒ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

MARTA FRASCARELLI
14378 S.W. 98 TERRACE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

000002004310--5

Street Address (Do NOT Use P.O. Box Number) 11/14/96 81033-020

Street Address (Do NOT Use P.O. Box Number)

City and State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 907.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/01/96

9. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 907.0401 or 917.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Officer or Director

Date 11/01/96

Phone # (305) 385-1527

Typed or printed name of signing officer or director

Marta Frascarelli

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐