

P 950000 66153
TRANSMITTAL LETTER

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

RECEIVED
08/25/95 11:01:04
*****701,100 *****701,101

SUBJECT: ALL ABOARD CRUISES INTERNATIONAL, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00.

FROM: JODELLE L. SHAYDIK
254 S. COUNTY RD. 427, STE. 134
LONGWOOD, FL. 32750
PHONE: (407) 834-8441

FILED
1995 AUG 25 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosures
Original and One Copy of Articles

F. CHESSER AUG 28 1995

Articles of Incorporation

of

ALL ABOARD CRUISES INTERNATIONAL, INC.

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

Article I - Name

The name of the corporation shall be: ALL ABOARD CRUISES INTERNATIONAL, INC.

Article II - Principal Office

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

254 S. COUNTY RD. 427

SUITE 134

LONGWOOD, FL. 32750

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article III - Shares

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

ONE THOUSAND (1,000) SHARES AT ONE DOLLAR (\$1.00) PER SHARE

Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

JODELLE L. SHAYDIK

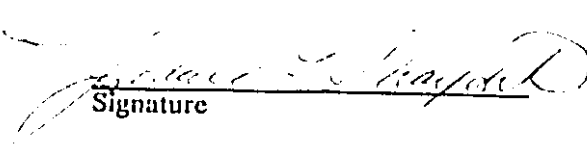
254 S. COUNTY RD. 427, STE. 134
LONGWOOD, FL. 32750

Article V - Incorporator(s)

The name(s) and street address of the incorporator(s) to these Articles of Incorporation is(are).

JODELLE L. SHAYDIK
2440 LAKE VISTA COURT # 104
CASSELBERRY, FL. 32707

The undersigned incorporator(s) has(have) executed these Articles of Incorporation
this 27th Day of August, 1988.


Signature

Signature

Signature

Certificate of Designation of
Registered Agent/Registered Office

PURSUANT TO THE PROVISIONS OF SECTION 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: ALL ABOARD CRUISES INTERNATIONAL, INC.

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

JODELLE L. SHAYDIK
254 S. COUNTY RD. 427, STE. 134
LONGWOOD, FL. 32750

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 capacity. 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.


Signature

8-21-95
DATE

FILED
1995 AUG 25 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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100001689341
-01/16/96--01030--0004
*****96.25 *****96.25

City/State/Zip

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: ALL ABOARD CRUISES INTERNATIONAL INC

SECOND: The date dissolution was authorized: 12-10-95

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

"The number of votes cast for dissolution was sufficient for approval by _____ (voting group)

Signed this 10th day of DECEMBER, 19 95

Signature _____
(By the Chairman or Vice Chairman of the Board, President, or other officer)

JODELLE L SHAYDIK
(Typed or printed name)

PRESIDENT
(Title)

FILED
36 JUN 16 AM 10:24
TALLAHASSEE, FLORIDA

21/2

Requestor's Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
PA 5000066153
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
JUN 16 11:10:24
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

PA 5000066153
04/1/2003

Examiner's Initials	
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AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

1. JODELLE L. SHAYDIK after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322
UCBAW

Signature of resigning officer/director

Judith A. Long
NOTARY PUBLIC

FILING FEE IS \$35.00



DIVISION OF CORPORATIONS, P.O. BOX 6327, TAMPA, FL 33614
CR2E044 (7-90)