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TALLAHASSEE, FL 32301  
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**networks**

PROFESSIONAL  
LEGAL & FINANCIAL SERVICES

*P9500070248*

ACCOUNT NO. 072100000032

REFERENCE : 677875 82386A

AUTHORIZATION :

*Patricia Poynter*

COST LIMIT : \$ 122.50

ORDER DATE : September 11, 1995

ORDER TIME : 8:47 AM

ORDER NO. : 677875

000001582780

CUSTOMER NO: 82386A

CUSTOMER: Robert W. Kieffer, Esq  
ROBERT W. KIEFFER, ESQUIRE

3008 E. Robinson Street

Orlando, FL 32803

DOMESTIC FILING

NAME: SELECTIVE TOUR & TRAVEL, INC.

XX ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

*T. BROWN*

SEP 13 1995

FILED  
95 SEP 12 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
SELECTIVE TOUR & TRAVEL, INC.

FILED  
95 SEP 12 AM 8 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SELECTIVE TOUR & TRAVEL, INC.

The address of the principal office of this corporation shall be 3008 East Robinson Street, Orlando, Florida 32803, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

|                   |                           |
|-------------------|---------------------------|
| Anne Texter-Fabri | 3008 East Robinson Street |
| Pres.             | Orlando, Florida 32803    |

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of  
Corporation Service Company, has herunto set their hand  
and seal of Corporation Service Company on September 12, 1995.

CORPORATION SERVICE COMPANY

By: *Gail Shelby*  
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: *Gail Shelby*  
Its Agent, Gail Shelby

GLS/kbr

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 OCT -4 PM 6:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000070248**

1. Corporation Name

**SELECTIVE TOUR & TRAVEL, INC.**

Principal Place of Business

**3008 E. ROBINSON STREET  
ORLANDO FL 32803**

Mailing Address

**3008 E. ROBINSON STREET  
ORLANDO FL 32803**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

*96*

When Incorporated or Qualified  
To Do Business in Florida

**09/12/1995**

5. FEI Number

**59-3393366**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SB 75. Antidirectorship Law (enacted  
1995) is hereby adopted by the  
Florida Legislature.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------|-----------------------|
| P           | TEXTER-FABRI, ANNE                   | 3008 E. ROBINSON STREET                                                                | ORLANDO FL 32803      |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |

**200001977492--4**  
**-10/16/96--01089--017**  
**\*\*\*\*375.00 \*\*\*\*375.00**

*JB10-15-96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANNE TEXTER-FABRI**

Date

Daytime Phone #