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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAGABOND TOURS NY INC. DBA: EDU TRIPS
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KATHLEEN COFFEY
Name of Person

VAGABOND TOURS NY INC
Firm/Company

PO BOX 19
Address

ORANGEBURG NY 10962
City/State and Zip code

KATE@EDUTRIPS.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

KATHLEEN COFFEY at (845) 848-2767
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. VAGABOND TOURS NY INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N.A. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. N.A. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 11, 2005 5. N.A. (Date of incorporation) (Date of duration, if other than perpetual)

6. N.A. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 132 HARDWOOD DRIVE, TAPPAN NY 10983 (Principal office address)

P.O. BOX # 19 ORANGEBURG, NY 10962 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Havre/Secretary/Registered Agents Inc. (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N.A.

Address: N.A.

Vice Chairman: N.A.

Address: N.A.

Director: KATHLEEN COFFEY

Address: 132 HARDWOOD DRIVE

TAPPAN NY 10983

Director: N.A.

Address: N.A.

B. OFFICERS

President: KATHLEEN COFFEY

Address: 132 HARDWOOD DRIVE

TAPPAN NY 10983

Vice President: N.A.

Address: N.A.

Secretary: N.A.

Address: N.A.

Treasurer: N.A.

Address: N.A.

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. KATHLEEN COFFEY - PRESIDENT DIRECTOR

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of VAGABOND TOURS NY INC. was filed on 07/11/2005, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 05th day of October two
thousand and sixteen.*

A handwritten signature in black ink, appearing to read "Brendan W. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*

New York State Department of State

Division of Corporations Biennial Statement e-Filing System

**SUBMISSION CONFIRMATION
PLEASE PRINT FOR YOUR RECORDS**

Thank you for submitting your biennial statement online. The biennial statement submitted through the Biennial Statement e-Filing System has been transmitted to the Department of State.

Transmittal Informational:

DOS ID: 3229205
BUSINESS NAME: VAGABOND TOURS NY INC.
Filing Period: 07/2015
Transmittal Date: 10/14/2016 11:03 AM
Credit Card Auth Code: 58570G
Credit Card Trans Id: 141016A14-6B77A3F2-32F9-4856-81BC-0E83EB68341F
Last 4 Digits of Credit Card: 8158
Record Number: 20161014000147

The Credit/Debit Card has been charged \$ 9.00 on: 10/14/2016 11:03 AM

Upon successful filing of the electronic biennial statement in the records of the Department of State a filing acknowledgment will be sent to you at the e-Mail address provided: KATE@EDUTRIPS.COM.

Please note that modifications made through the e-Statement Filing System may not be reflected in the records of the Department for 1 to 3 business days.

If you have questions regarding your electronic filing please contact us at corporations@dos.ny.gov

NYS Division of Corporations, State Records & Uniform Commercial Code
 One Commerce Plaza, 99 Washington Avenue
 Albany, NY 12231-0001
 (518) 473-2492

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