(Requestor's Name)					
(Address)	_				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:	Destination Tr	avel Services, Inc	c			
00130			Name of	corporation	- must i	nclude suffix	
Dear S	Sir or M	adam:					
"Certi	ficate o	f Existence," o		f Good Stand	ding" an	id check are subr	et Business in Florida." mitted to register the
Please	return	all correspond	ence concerning	g this matter	to the fe	ollowing:	
Carol .	J Boehnl	ke					
		 -	<u>,</u>	Name of I	Person		
Destin	ation Tr	avel Services, l	nc				
			-	Firm/Com	pany		
5273 I	akeviev	v Drive					
				Addre	ss		
Clear	Lake IA	50428					
			-	City/State ar	d Zip c	ode	
desttry	d@chel.	net					
		<u> </u>	-mail address: ((to be used fo	or future	e annual report n	otification)
For fu	rther in	formation con	cerning this mat	iter, please ca	all:		
Carol .	J Boehnl	ke	a	641 t (2124	727	
	Nam	e of Person		Area Code		Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		eck payable to:	Following amou FLORIDA DEF \$78.75 Filing Certificate of	PARTMENT Fee & □	\$78.75	ATE Filing Fee & led Copy	\$87.50 Filing Fee, Certificate of Status &

· 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.

Destination Travel Services, Inc						
	orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.")	COMPANY." "CORPORATION."				
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting b	usiness in Florida)			
lowa 2.	3					
(State or countr 01/01/2019	y under the law of which it is incorporated)					
	of incorporation)	5(Date of duration, if other than perpetual)				
6.						
V	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502					
5273 Lakeview I	Drive ("Itar Lake, IA 5	7428				
/ N	(Principal office					
	(Current mailing a	address, if different)				
8 Name and street	et address of Florida registered agent: (P.O. I	Poy NOT aggratable)	2. 2. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Name:	Carol Boehnke	acceptable)	SECRE VISION			
Office Address:	3705 72nd Terrace East	- -	FILE TARY OF COI 22 F			
	Sarasota	34243 , Florida	공			
	(City)	(Zip code)	STATE ORALION 4: 30			
9. Registered age	ent's acceptance:)			
Having been nam designated in this further agree to c	ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relaying with and accept the obligations of my posit	nt as registered agent and agree t utive to the proper and complete p	σ act in this capacity. I			
	Carol 1 Rochuka	procident Can	ol JBochnik pres			
_	Carol J Boehnke (Registered agent's sign	ature)	7000			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS					
□Chairman	Carol J Boehnke Name:	□Chairman	Name:		
■ Vice Chairman	Address:	□Vice Chairman			
□Director	Clear Lake IA 50428	□Director			
President		□President			
□Vice President		□ Vice President			
■ Secretary	☐ Treasurer	□Secretary	i	□Treasurer	
□Other	Other	□Other	i	Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman			
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	(☐Treasurer	
□Other	Other	□Other		□Other	
□ Chairman	Name:	□ Chairman	Name:		
	Address:	□Vice Chairman			
□Director		□Director			
□President		□President			
□Vice President		□ Vice President			
☐ Secretary	□Treasurer	☐ Secretary	Ε	□Treasurer	
Other	□Other	□Other		□Other	
Important Notice: lindividuals may be	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department Carol J Boehnke president of Signature of Director or	nt of State Annual Re	f for reporting purp port form. Canal G	Bochsky, pus	

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.

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 5/15/2024

Name: DESTINATION TRAVEL SERVICES, INC. (490 DP - 586646)

Date of Incorporation: 1/1/2019

Duration: PERPETUAL.

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. Articles of dissolution have not been filed.

Certificate ID: CS286118

To validate certificates visit:

Part Pate