

F00000000 928

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ADAM TRAVEL SERVICES, INC.
(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", 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:

DANIEL J. WILSON
(Name of Person)

500003135025--4
-02/15/00-01008-009
*****70.00 *****70.00

ATTORNEY AT LAW
(Firm/Company)

12 MARSHALL STREET
(Address)

BOSTON, MA 02108
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

DANIEL WILSON at (617) 720-5461
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:	
Name	2/17/00
Availability	DCC
Qualification/Tax Lien Section	
Division of Corporations	
Document Examiner	409 E. Gaines St
Tallahassee, FL 32399	
Updater	DCC
Enclosed is a check for the following amount:	
Updater	DCC
Verifier	<input checked="" type="checkbox"/> \$70.00 Filing Fee
Acknowledgement	DCC
W P. Verifier	DCC

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

☒ \$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

F00000000 928

**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. ADAM TRAVEL SERVICES, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. MASSACHUSETTS 3. 04 3337192
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-27-1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2-1-00
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 120 BLACKSTONE STREET, BOSTON, MASSACHUSETTS 02109
1836 NORTH UNIVERSITY DRIVE, PLANTATION, FL 33322
(Current mailing address)

8. BUSINESS OF TRAVEL AGENCY
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: RACED AWAD

Office Address: 1836 NORTH UNIVERSITY DRIVE
PLANTATION, FL, Florida, 33322
(Zip code)

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TALLAHASSEE, FLORIDA

10. 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.

Raced Awad

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: ABDO IBRAHIM

Address: ONE MEYERS LANE
BURLINGTON, MA 01803

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: ABDO IBRAHIM

Address: ONE MEYERS LANE
BURLINGTON, MA 01803

Vice President: _____

Address: _____

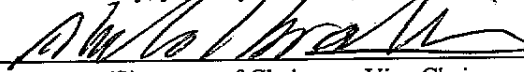
Secretary: ABDO IBRAHIM

Address: ONE MEYERS LANE
BURLINGTON, MA 01803

Treasurer: ABDO IBRAHIM

Address: ONE MEYERS LANE
BURLINGTON, MA 01803

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ABDO IBRAHIM, PRESIDENT
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

February 7, 2000

TO WHOM IT MAY CONCERN:

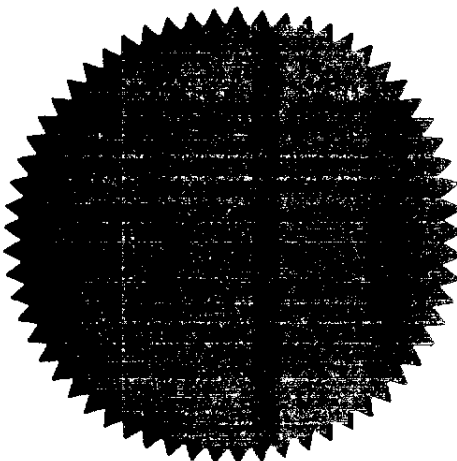
I hereby certify that according to the records of this office

ADAM TRAVEL SERVICES, INC.

is a domestic corporation organized on **November 27, 1996**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record corporation has legal existence and is in good standing with this office.

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00 FEB 15 AM 10:25
SECRETARY OF STATE
COMMONWEALTH OF MASSACHUSETTS



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

** MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

