

F17000003827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

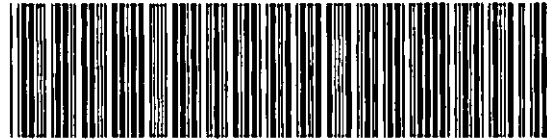
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*spike to bring add Inc as suffix
to alternative name 8/24/17*

*reject w/17-61406
name-admin dis, so for
cert.*

Office Use Only



700301489627

07/20/17--01002--014 **1028.75

DIVISION OF CORP. AFFAIRS

17 AUG 24 PM 4: 24

FILED

O SIMMONS

AUG 24 2017

To: Octavia Simmons



Fax 850-245-6030

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2017

ERIN MARSH
1720 HWY 34, STE 16
FARMINGDALE, NJ 07727

HM
8/21

SUBJECT: WORLD TOUR ENTERPRISES LTD
Ref. Number: W17000061406

We have received your document for WORLD TOUR ENTERPRISES LTD and your check(s) totaling \$1028.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00016318

To: Octavia Simmons



Fax 850-245-6030

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2017

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavla L Simmons
Regulatory Specialist II

Letter Number: 217A00016318

RECEIVED

2017 AUG 21 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Octavia Simmons



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2017

ERIN MARSH
1720 HWY 34, STE 16
FARMINGDALE, NJ 07727

Fax: 850-245-6030

SUBJECT: WORLD TOUR ENTERPRISES LTD
Ref. Number: W17000061406

We have received your document for WORLD TOUR ENTERPRISES LTD and your check(s) totaling \$1028.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00015069

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: World Tour Enterprises LTD
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:

Erin Morsch
Name of Person

World Tour Enterprises LTD
Firm/Company

1720 Highway 34 Suite 16
Address

Farmingdale, NJ 07727
City/State and Zip code

emorsch@icp-intl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Morsch at (732) 974-5780 x217
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.

17 AUG 24 PM 4:24
DIVISION OF CORPORATIONS
FILED

1. World Tour Enterprises LTD Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co." or "Corp.")

ICP International Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NJ 3. 22-3612096
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/10/1997 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 5/1/2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1720 Highway 34 Suite 116 Farmingdale, NJ 07727
(Principal office address)
(Current mailing address, if different)

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

Name: Brian Venables
Office Address: 8200 NW 41st St. Unit 320
Doral, Florida 33166
(City) (Zip code)

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.

Brian J. Venables
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

17 AUG 24 PM 4: 24
DIVISION OF CORPORATE AFFAIRS

FILED

B. OFFICERS

President: Brian Venables

Address: 2405 Apple Ridge Circle
Manasquan, NJ 08736

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Brian Venables
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. Brian Venables, President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**WORLD TOUR ENTERPRISES LTD.
0100695177**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 10, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**BRIAN VENABLES
1720 HIGHWAY 34
SUITE 16
FARMINGDALE, NJ 07727**

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on February 06, 2017.

PRESIDENT

**BRIAN J VENABLES
2405 APPLERIDGE CIR
MANASQUAN, NJ 08736**



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of August, 2017

**Ford M. Scudder
Acting State Treasurer**

Certificate Number : 6081994607

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCerti/JSP/Verify_Cert.jsp