

STS Travel  
Enterprises, Inc.

FOOOOOOOO588

January 14, 2000

Ms. Agnes Lunt  
State of Florida  
Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

8000003120298  
-02/02/00--01029--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

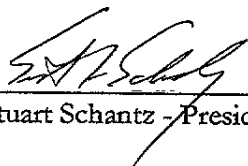
Dear Agnes:

I enjoyed our telephone conversation of January 12th. Thank you so much for your kind help in getting us set up to conduct business in Florida. We just received our paperwork from the State of North Carolina, so I'm able to get this off before leaving for Africa after all.

I have enclosed our completed application, the N.C. Certificate of Existence and a check for \$70.00. Please contact me at 919-676-4401 ext. 7 if I may offer any additional information.

Thank you again for your time and help.

Sincerely,

  
Stuart Schantz - President

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00 FEB -2 AM 9:00  
FEDERAL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

9101-121 Leesville Road / Raleigh, North Carolina 27613 / 919.676.4401 / 1.800.849.1759 / (fax) 919.676.4547 / www.gomission.com

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: S.T.S. Travel Enterprises, 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:

STUART SCHANTZ  
(Name of Person)  
STS Travel Enterprises, Inc.  
(Firm/Company)  
9101-121 Leesville Rd.  
(Address)  
Raleigh, NC 27613  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -2 AM 9:00

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

STUART SCHANTZ at ( 919 ) 676-4401  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien 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. STS Travel Enterprises, 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. North Carolina 3. 56-2066505  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2-17-98 5. N/A  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. OCTOBER 1, 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9101-121 Leesville Rd.  
Raleigh, NC 276  
(Current mailing address)
8. 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: JOHANNA KEELS  
Office Address: 7757 W. FLAGLER  
Suite 220, MIAMI, Florida, 33144  
(Zip code)

FILED  
STATE  
SECRETARY OF  
CORPORATIONS  
FEB -2 AM 9:00

**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.*

Johanna Keels  
(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)**

~~President:~~  
~~Chairman:~~

STUART SCHANTZ

Address:

7216 FONTANA PL.

RALEIGH, NC 27613

~~Corp. Secretary:~~  
~~Vice Chairman:~~

Arthur Horner

Address:

5214 Hideaway Dr.

Chapel Hill, NC 27516

~~Treasurer:~~  
~~Director:~~

Jeff Hennion

Address:

371 Parkway Dr.

Mt. Lebanon, PA 15228

Director:

Nicola Turco

Address:

5877 N. TARTON CIR.

DUBLIN, OH 43017

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

~~Director:~~  
~~President:~~

GARLAND WEST

Address:

404 RIVER BREEZE DR.

GLEN ALPINE, NC 28628

~~Director:~~  
~~Vice President:~~

Karl Kunz

Address:

20385 True Vista Circle

Monument, CO 80132

~~Secretary:~~

~~Address:~~

~~Treasurer:~~

~~Address:~~

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SECTION OF STATES  
DIVISION OF CORPORATIONS

**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.

STUART SCHANTZ - PRESIDENT

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

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

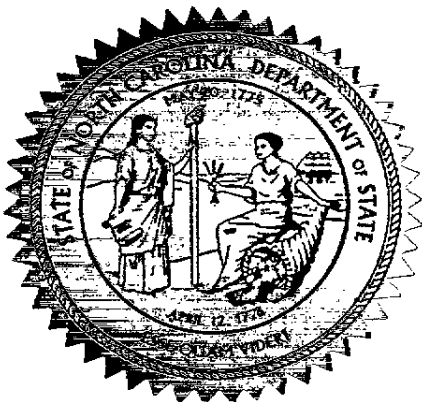
## CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

**STS TRAVEL ENTERPRISES, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of February, 1998, with its period of duration being PERPETUAL .

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of January, 2000.

*Elaine F. Marshall*

Secretary of State

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00 FEB -2 AM 9:00  
STATE  
CORPORATIONS