| GOMPANY | ACCOUNT NO. : REFERENCE : AUTHORIZATION : ' COST LIMIT : | 0721000000 566983 Patricie \$ 70.00 | 032 7197852 Piguto | |
|--------------|---|---|--------------------------|-----------|
| ORDER DATE : | January 27, 2000 | | | |
| ORDER TIME : | 11:10 AM | | 9000031 | 40209- |
| ORDER NO. : | 566983-010 | 5. <u>14. 6</u> 7. 19 . 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 | | |
| CUSTOMER NO: | 7197852 | | | 0 |
| M S 5 | r. Massimiliano Biffi r. Massimiliano Biffi uite 200 728 Major Boulevard rlando, FL 32819 | · 2 2000 · 1 · 2 - 2000 · 1 · | | DO FEB 18 |
| | FOREIGN FILI | NGS | | H 4: 27 |
| NAME : | SISTINA TRAVEL H | OLDING, IN | Ç. | |
| | ICATION (TYPE: <u>CO</u>) | | | |
| | N THE FOLLOWING AS PR | OOF OF FIL | 1111(;: | |
| XX PLAI | 'IFIED COPY N STAMPED COPY 'IFICATE OF GOOD STAND | | | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSA **BUSINESS IN FLORIDA**

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

| 1. SISTINA TRAVEL HOLDING, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATIO | |
|---|--|
| words or abbreviations of like import in language as will clearly indicate that it is a corporation inste natural person or partnership if not so contained in the name at present.) | rad of a 28 10115 |
| 2. DELAWARE 3. APPLIED FOR | |
| (State or country under the law of which it is incorporated) (FEI number, if a | pplicable) |
| 4. <u>11/16/997</u> <u>12 - 14 - 1999</u> <u>5.</u> PERPETUAL (Date of incorporation) <u>(Duration: Year corp. will cease to ex</u> | |
| (Date of incorporation) (Duration: Year corp. will cease to ex | ist or "perpetual") |
| 6. UPON FILING | |
| (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.1 | (55, F.S.) |
| 7. 5728 MAJOR BLUD. # 200 | ······································ |
| ORLANDO FL 32819 | |
| (Current mailing address) | |
| 8. <u>YOUR OPERATOR & TRAVEL SERVICES</u> | |
| (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 N | NOT acceptable) |
| Name: Corporation Service Company | |
| Office Address: | |

| Name: | Corporation Service Company | |
|-----------------|------------------------------|---|
| Office Address: | 1201 Hays Street | · |
| | Tallahassee , Florida, 32301 | |
| | (Zip code) | |

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.

Corporation Service Company (Registered agent's signature) By:

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.

| | 0 |
|--|---------------------------------------|
| A. DIRECTORS (Street address only - P.O. Box NOT acceptable) | The second |
| Chairman: SALVATORE MARASCIA 4/0 MAX E | sinni 600 |
| Address: 5728 MAJOR BLUD. # 200 | Pr Cont |
| ORVANDO FL 32819 | 4: 20 M |
| Vice Chairman: SAME | ο _c ρ |
| Address: | |
| Address: | |
| Director: SAME | - |
| Address: | |
| Address: | |
| Director: SAME | |
| Address: | |
| Address: | |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable) | |
| President: SALVATORE MARASCIA c/o M. | AX BITTS' |
| Address: 5728 MAjor BLUD. #200 | · · · · · · · · · · · · · · · · · · · |
| ORIMOO FL 32219 | |
| Vice President: <u>SAME</u> | |
| Address: | |
| | |
| Secretary: SAME | · · · · · · · · · · · · · · · · · · · |
| Address: | |
| | |
| Treasurer: <u>SAME</u> | |
| Address: | |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing additional off | icers and/or directors. |
| m | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 1 | |
| 14SALVATORE MARASCIA, PRESI- (Typed or printed name and capacity of person signing | application) |
| (Typed of printed name and capacity of person signing | |

= <u>1</u>

State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SISTINA TRAVEL HOLDING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2000

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SISTINA TRAVEL HOLDING, INC. WAS INCORPORATED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of StateAUTHENTICATION:0264409DATE:02-17-00

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