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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : KLEIN AND ASSOCIATES, P.A.

Account Number : 072720000075

Phone : (305)891-6100

Fax Number : (305)891-6104

10/20

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00 OCT 20 PM 06:25
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KATHERINE HARRIS

FOREIGN NON-PROFIT QUALIFICATION

National Small Business Travel & Health Association,

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

7

OCT-20-2000 13:12 FROM:MICHAEL S BLOOM PA 954 981 1668
350)487-6013 10/17/00 09:13 Fl Dept of State

TO:18509224003

P:2/7

p1 /1



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 17, 2000

KLEIN & ASSOCIATES, P.A.

SUBJECT: NATIONAL SMALL BUSINESS TRAVEL & HEALTH ASSOCIATION, INC.
REF: W00000024966

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Please note that what you submitted was the cover page to a certified copy. This is not the same as the certificate of existence we require, described above.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

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TALLAHASSEE FLORIDA

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. National Small Business Travel & Health Association, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Missouri
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. January 5, 1981
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A - Pending Registration With State
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 10181 West Sample Road, Suite 204, Coral Springs, FL 33065
(Principal office address)
10181 West Sample Road, Suite 204, Coral Springs, FL 33065
(Current mailing address)
8. To create an awareness of the fundamentals of travel and health through support groups and information exchange; research and evaluate new and existing health and travel programs; *** SEE ATTACHED SHEET ***
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Michael S. Bloom, Esq.
Office Address: 4340 Sheridan Street, Suite 102
Hollywood, Florida 33021
(City) (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.


(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.

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PARAGRAPH 8 (CONTINUATION)

to collect and disseminate health, financial, educational, and other information of value to its members; to publish an annual tabloid on contemporary business, travel and health issues; to facilitate cooperation of its members to their mutual advantage in obtaining information, advice and services relating to healthcare, travel, and to provide a means whereby the collective action of the membership can be used to its members mutual economic benefit.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: William Dismore

Address: 10181 West Sample Road, Suite 204

Coral Springs, FL 33065

Vice Chairman: Jerry Gordon

Address: 10181 West Sample Road, Suite 204

Coral Springs, FL 33065

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Dismore

Address: 10181 West Sample Road, Suite 204

Coral Springs, FL 33065

Vice President: Jerry Gordon

Address: 10181 West Sample Road, Suite 204

Coral Springs, FL 33065

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 TALLAHASSEE, FLORIDA

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. Jerry Gordon, Vice President
 (Typed or printed name and capacity of person signing application)

OCT-20-2000 13:14 FROM:MICHAEL S BLOOM PA 954 981 1668

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FROM: GLOBAL MKTG CONNECTNS GROUP FAX NO. :
OCT-16-2000 14:10 FROM:MICHAEL S BLOOM PA 954 981 1668

Oct. 16 2000 02:13PM P1
10:195422:3001 P:4

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: William Dismore

Address: 10181 West Sample Road, Suite 204

Coral Springs, FL 33065

Vice Chairman: Jerry Gordon

Address: 10181 West Sample Road, Suite 204

Coral Springs, FL 33065

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Dismore

Address: 10181 West Sample Road, Suite 204

Coral Springs, FL 33065

Vice President: Jerry Gordon

Address: 10181 West Sample Road, Suite 204

Coral Springs, FL 33065

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Jerry Gordon, Vice President
(Typed or printed name and capacity of person signing application)

STATE OF FLORIDA
TALLAHASSEE

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No. N00025302

STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

NATIONAL SMALL BUSINESS TRAVEL & HEALTH ASSOCIATION

was incorporated under the laws of this State on the 5th day of JANUARY, 1981, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 19th day of OCTOBER, 2000.

Rebecca McDowell Cook
Secretary of State



00 OCT 20 PM
SECRETARY OF STATE
TALLAHASSEE FLORIDA