# FO2000001130

TO: Registration S Division of Co			
SUBJECT:	TOBA	ACCO PARTNERS, LTD.	
	(Name of	corporation - must include suffix)	
Dear Sir or Madam:			
The enclosed "Applica" "Certificate of Existen to transact business in	ice", and check are sub	oration for Authorization to Transa omitted to register the above refere	nct Business in Florida", nced foreign corporation
Please return all corres	spondence concerning	this matter to the following:	
MICHAEL W. H	OLLAND, ESQ.	·	
***************************************		(Name of Person)	-01/29/0201026002 *****70.00 *****70.00
421 Willis A	TONIA	(Firm/Company)	WO2-3126
421 WILLIS A	venue	(Address)	
		•	
Williston Pa		596 City/State and Zip code)	
	(0	City/State and Zip code)	
For further information	n concerning this matte	er, please call:	
MICHAEL W. HO	LLAND at	( 516 ) 248-2655	SECH ALL
(Name of Pers	son)	(Area Code & Daytime Teleph	one Number
STREET ADDRESS: Registration Section Division of Corporatio 409 E. Gaines St. Tallahassee, FL 32399	ns	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons 3 2 2
Enclosed is a check for	r the following amount	t:	4 UNA 3/5
₩ \$70.00 Filing Fee	\$78.75 Filing Fed Certificate of St	<del>-</del>	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy



### FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

February 4, 2002

MICHAEL W. HOLLAND 421 WILLIS AVENUE WILLISTON PARK, NY 11596

SUBJECT: INTERNATIONAL TOBACCO PARTNERS, LTD.

Ref. Number: W02000003126

We have received your document for INTERNATIONAL TOBACCO PARTNERS, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the application was not enclosed with your application. I have enclosed that page for you to complete and return.,

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

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 502A00006714



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 18, 2002

MICHAEL W. HOLLAND 421 WILLIS AVENUE WILLISTON PARK, NY 11596

SUBJECT: INTERNATIONAL TOBACCO PARTNERS, LTD.

Ref. Number: W02000003126

We have received your document for INTERNATIONAL TOBACCO PARTNERS, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 802A00009965

### 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. (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.) (State or country under the law of which it is incorporated) asacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (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) Office Address: / 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.

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

14.

Chairman: JEFFREY A. UVEZIAN  Address: 1010 Northern Boulevard, Suite 208  Great Neck, New York 11021  Vice Chairman: ROBERT MISSIRIAN  Address: 1010 Northern Boulevard, Suite 208  Great Neck, New York 11021  Director: Address: Director: Address:	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u> .:			- <u> </u>
Address: 1010 Northern Boulevard, Suite 208  Great Neck, New York 11021  Vice Chairman: ROBERT MISSIRIAN  Address: 1010 Northern Boulevard, Suite 208  Great Neck, New York 11021  Director: Address: Director: Address:		<u> </u>	<u></u> .:		· .	· .
Great Neck, New York 11021  Vice Chairman: ROBERT MISSIRIAN  Address: 1010 Northern Boulevard, Suite 208  Great Neck, New York 11021  Director: Address:	- · · · · · · · · · · · · · · · · · · ·					, .   — <del>, </del>
Vice Chairman: ROBERT MISSIRIAN  Address: 1010 Northern Boulevard, Suite 208  Great Neck, New York 11021  Director: Address: Director: Address:						4 2 245112
Address: 1010 Northern Boulevard, Suite 208  Great Neck, New York 11021  Director: Address: Address:						
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B. OFFICERS	<del>", "</del>					_
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President:JEFFREY A. UVEZIAN						
Address:1010 Northern Boulevard, Suite 208	<u> </u>	<del></del>	SE	)2	<del></del>	<u> </u>
Great Neck, New York 11021						
Vice President: ROBERT MISSIRIAN		-		5	<u>}</u>	
Address: 1010 Northern Boulevard, Suite 208			<u> </u>	. <u> </u>		
Great Neck, New York 11021				~		<del></del> ;,,,,
Secretary:JEFFREY A. UVEZIAN	-7					
Address: 1010 Northern Boulevard, Suite 208, Great	Neck Nov	Vorle	11021			·
Treasurer: ROBERT MISSIRIAN	Ticche, INEW	TOLK	11021		<u> </u>	
Address:1010 Northern Boulevard, Suite 208, Great	Mag1- 27	37 - 3	1100-	<del></del>		<del></del>
NOTE: If necessary, you may attach an addendum to the application listin  (Signature of Chairman, Vice Chairman) or any officer lister	g additional	officers	and/or dire	ctors.		
4. <u>JEFFREY A. UVEZIAN, President</u> (Typed or printed name and capacity of person sign	ed in number	12 of th	e application	on)		

## State of New York Department of State

I hereby certify, that the Certificate of Incorporation of INTERNATIONAL TOBACCO PARTNERS, LTD. was filed on 02/21/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

I further certify, that no other documents have been filed by such Corporation.

3

Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of December two thousand and one.

Secretary of State

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