F02000003333

A Partnership of

Professional Associations

ATTORNEYS AT LAW SUITE 100

340 ROYAL PALM WAY PALM BEACH, FLORIDA 33480-4347 TELEPHONE (561) 655-4060

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EMAIL: magnew@murphyreid.com

PLEASE REPLY TO:

PALM BEACH OFFICE

PLANTATION PLAZAS CONTON STREET VERO BEACH, FLORIDA 32966-7902 OPPOS

TELEPHONE (772) 567-6480 VERO FAX (772) 562-0220

LOIS REID CLEMENTE

\*Also admitted in North Carolina

KEITH C. AUSTIN, JR., P.A.

EUGENE W. MURPHY, JR., P.A.

GEORGE P. ORD, P.A.

TASHA K. PEPPER-DICKINSON \*

FRANK T. PILOTTE, P.A.

OF COUNSEL

PHILIP H. REID, JR.

April 29, 2002

State of Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Professional Touch International Travel, Inc.

and PTI Associates Our File No 5011.000 .600005491216--1 -05/08/02--01018--023 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

. Ladies and Gentlemen:

Enclosed please find the following documents to be filed with the Secretary of State on April 30, 2002:

- 1. Original and one copy of Transmittal Letter of Deborah F. Aversa.
- 2. Original and one copy of Application by Foreign Corporation for Authorization to Transact Business in Florida for Professional Touch International Travel, Inc. along with check #16274 made payable to the Secretary of State in the amount of \$78.75 for the filing fee;
- 3. State of New Jersey Department of Treasury Short Form Standing for Professional Touch International Travel, Inc., a/k/a PTI Associates;
- 4. Application for Registration of Fictitious Name for Professional Touch International along with check #16275 made payable to the Secretary of State in the amount of \$60.00 for the filing fee; and
- 5. Application for Registration of Fictitious Name for PTI Associates along with check #16276 made payable to the Secretary of State in the amount of \$60.00 for the filing fee.

Please have the documents filed in the proper order and notify me when they have been filed. Additionally, please forward to me a date-stamped copy of each document in the envelope enclosed for your convenience.

Please do not hesitate to contact me if you have any questions.

Very truly yours,...

Marilyn J. Agnew, Legal Assistant,

/mj

Enclosures

f;\data\client\aversa\ltr secretary of state.doc 4/29/02 mj

FF \$70.00

## TRANSMITTAL LETTER

| •   | -    |
|---|------|
| TRANSMITTAL LETTER  TO: Registration Section Division of Corporations   |      |
| TO: Registration Section  |      |
| Division of Corporations  |      |
| SUBJECT: Professional Touch International Travel, 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: |      |
| -   |      |
| Deborah F. Aversa (Name of Person)  | -15  |
| · · · · · · · · · · · · · · · · · · ·   |      |
| Professional Touch International Travel, Inc. (Firm/Company)  | •. • |
| · _ · _ ·   |      |
| Two Oak Way (Address)   | -    |
| Portril or Waishes NT 07022   |      |
| Berkeley Heights, NJ 07922 (City/State and Zip code)  | ± '  |
| For further information concerning this matter, please call:  |      |
| Deborah F. Aversa at ( 908 ) 790-0100   |      |
| (Name of Person) (Area Code & Daytime Telephone Number)   |      |
| STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy  Certified Copy   |      |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANO                   | CE WITH SECTION 607.1503, FLORII<br>OREIGN CORPORATION TO TRANSA                         | DA STA               | TUTES, THE FOLLOWIN                                  | IG IS SUBMIT     | TED TO           |  |  |
|--------------------------------|--|----------------------|--|------------------|------------------|--|--|
| TO STORY OF THE                |  | CID                  | DOMNESS IN THE STATE C                               | n florida.<br>Q  |                  |  |  |
| 1. <u>Professi</u>             | ional Touch International Tr   | avel                 | Inc.   |                  | 1 1              |  |  |
|                                | oration; must include the word "INCORPOR viations of like import in language as will cle |                      |  |                  | 192 7 7          |  |  |
|                                | or partnership if not so contained in the name   |                      |  | stead of a       | E 6 (            |  |  |
| •                              |  | <b>x</b>             | ,  |                  |                  |  |  |
| 2. New Jerse                   |  | _3                   |  | <del></del> _    |                  |  |  |
| (State or country              | under the law of which it is incorporated)   |                      | (FEI number, if ap                                   | plicable)        |                  |  |  |
| 4. December                    | 29, 1983   | 5.                   | Perpetual  |                  | 78 O.            |  |  |
|                                | e of incorporation)  |                      | ration: Year corp. will cease                        | to exist or "pe  | rpetual")        |  |  |
|                                |  |                      | -  | -                | •                |  |  |
| 6. <u>Upon qual</u>            | <u>-Ification</u><br>acted business in Florida. If corporation has                       |                      | annead leadings in Tilevide Jac                      | " 1: 6           | 223              |  |  |
| (Date first transa             | SEE SECTIONS 607.1   | not trai<br>1501, 60 | isacted business in Florida, ins                     | ert Tupon qualin | cat ion.")       |  |  |
|                                |  |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,               |                  |                  |  |  |
| 7. Two Oak W                   | ay, Berkeley Heights, NJ 07  | 922                  |  |                  |                  |  |  |
|                                | (Principal office  | address              | 5)   |                  |                  |  |  |
| Two Oak W                      | ay. Berkeley Heights, NJ 07  | 922                  |  |                  |                  |  |  |
|                                | (Current mailing ac  | Idress)              |  |                  |                  |  |  |
|                                |  |                      |  |                  |                  |  |  |
| 8. Travel Ag                   | ents   |                      |  |                  |                  |  |  |
|                                | (s) of corporation authorized in home state or   | r counti             | v to be carried out in state of F                    |                  |                  |  |  |
| ( <b>p</b> (                   | (-) 02 -0 p -0   |                      | , 10 00 0 <b>00</b> 2210 <b>2</b> 000 201 0100 0 0 x | ,                |                  |  |  |
| 9. Name and st                 | <u>reet address</u> of Florida registered age  | ent: (P              | O. Box or Mail Drop Box                              | NOT acceptab     | ole)             |  |  |
| Name:                          | Eugene W. Murphy, Jr.  |                      |  |                  |                  |  |  |
| 1,00,00                        |  |                      | <del> </del>   |                  |                  |  |  |
| Office Address:                | 340 Royal Palm Way - Suite   | 100                  |  |                  |                  |  |  |
|                                | Palm Beach,  |                      | Florida 22490  |                  |                  |  |  |
|                                | (City)   |                      | , Florida <u>33480</u><br>(Zip code)                 | •                |                  |  |  |
|                                | (5)  |                      | (=4 0000)  |                  |                  |  |  |
| 10. Registered                 | agent's acceptance:  |                      |  |                  |                  |  |  |
| Having been na                 | med as registered agent and to accept :  | service              | of process for the above s                           | tated corporati  | ion at the place |  |  |
|                                | is application, I hereby accept the appe   |                      |  |                  |                  |  |  |
|                                | comply with the provisions of all statu  |                      |  |                  | ance of my       |  |  |
| aunes, ana 1 am                | familiar with and accept the obligatio   | ns oj i              | ny position as registerea a <sub>z</sub>             | gent.            |                  |  |  |
|                                | $\sim$ $\sim$ $\sim$   |                      |  |                  |                  |  |  |
| (SIOm 1) 1 NMW////////         |  |                      |  |                  |                  |  |  |
| (Registered agent's signature) |  |                      |  |                  |                  |  |  |
|                                | (Registered agent  | 's signa             | ature)   |                  |                  |  |  |
| 11 A44 . 7 1 *                 |  |                      | 4 00 1   |                  |                  |  |  |

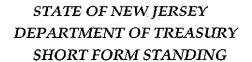
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: <u>Deborah F. Aversa</u> Two Oak Way Address: \_\_\_ Berkeley Heights, NJ 07922 Vice Chairman: Giovanni B. Aversa Address: <u>Two Oak Way</u> Berkeley Heights, NJ 07922 Director: \_\_\_ Address: Address: \_\_ B. OFFICERS President: Deborah F. Aversa Address: Two Oak Way Berkeley Heights, NJ 07922 Vice President: Address: Secretary: Giovanni B. Aversa Address: Two Oak Way, Berkeley Heights, NJ 07922 Treasurer: Giovanni B. Aversa Address: \_\_\_ Two Oak Way, Berkeley Heights, NJ 07922 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. Deborah F. Aversa, Chairman/President

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



PROFESSIONAL TOUCH INTERNATIONAL TRAVEL, INC.
With the Previous or Alternate Name
PTI ASSOCIATES (Alternate Name)
PROFESSIONAL TOUCH INTERNATIONAL (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named

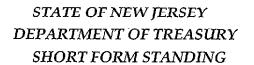
New Jersey Domestic Profit Corporation was registered by this office on December 29, 1983.

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 registered office are:

Deborah Faith Aversa Two Oak Way Berkeley Heights, NJ 07922

Continued on next page . . .



PROFESSIONAL TOUCH INTERNATIONAL TRAVEL, INC.

IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of February, 2002

John Premon

John E McCormac, CPA State Treasurer

