

F03 000000543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

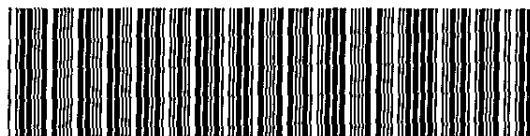
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/17/03--01071--004 **78.75

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JAN 17 2003
FBI - NEW YORK

F03-543
AK



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 21, 2003

JACOB THOMAS
9430 GRIFFIN ROAD
COOPER CITY, FL 33328

SUBJECT: TAJ TRAVELS AND TOURS, INC.
Ref. Number: W03000001664

We have received your document for TAJ TRAVELS AND TOURS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 903A00003299

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TALLAHASSEE
FLORIDA

03 FEB 3 11:19:18

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAJ TRAVEL AND TOURS 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:

JACOB THOMAS

(Name of Person)

TAJ TRAVEL AND TOURS INC.

(Firm/Company)

9430 GRIFFIN RD.

(Address)

COOPER CITY, FL 33328

(City/State and Zip code)

For further information concerning this matter, please call:

JACOB THOMAS

(Name of Person)

at (954) 385-1074

(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 &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

RECEIVED
TALLAHASSEE, FLORIDA

03 FEB - 3 AM 10:48

FILED

JACOB THOMAS
3880 HERON BL.
WESTON
FL - 33331

Feb 01, 2003

Ms Tammi
Registration
Dept. of State
Florida

Dear Tammi.

SUB: TAJ TRAVEL AND TOURS, INC.

This has reference to my conversation with you a couple of days back. I am hereby sending you the Certificate of Good Standing by New York State.

I would appreciate if you could send me the authorization to transact business in Florida, by Fed exp as soon as possible, so that we can start the operation at the earliest.

Kindly use my fed exp Acct. No. ~~XXXXXXXXXX~~ and have it sent to my home address above.

Thanking You

JTB
JACOB THOMAS

FILED
03 FEB - 3 AM 10:48
TAMMISSEE, FLORIDA

**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. TAT TRAVELS AND TOURS, 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. NEW YORK 3. 11-2841618
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/10/87 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted 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.)
7. 2 BROKAW AVE FLORAL PARK, NY 11040
(Principal office address)
9430 GRIFFIN RD. COOPER CITY, FL 33328
(Current mailing address)
8. CONDUCT ANY AND ALL LEGAL BUSINESS
(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: JACOB THOMAS
Office Address: 9430 GRIFFIN RD.
COOPER CITY FL Florida 33328
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. DIRECTORS

Chairman: JACOB THOMAS

Address: 9430 GRIFFIN RD.

COOPER CITY, FL 33328

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SIMON VARGHESE

Address: 2 BROOKAW AVE. FLORAL PARK, NY 11040

Vice President: JOHN MATHEWS

Address: 2 BROOKAW AVE. FLORAL PARK, NY 11040

Secretary: JACOB THOMAS

Treasurer: 9430 GRIFFIN RD. COOPER CITY, FL 33328

Treasurer: _____

Address: _____

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. JACOB THOMAS, SECRETARY/TREASURER

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

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03 FEB - 3 AM 10:48
TALLAHASSEE, FLORIDA
COUNTY OF ALBANY

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of TAJ TRAVELSAND TOURS, INC. was filed on 01/15/1987, 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.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 30th day of January
two thousand and three.*

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