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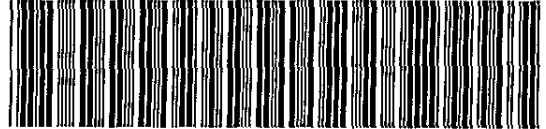
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W03-19203



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06/30/03--01100--010 **70.00

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03 SEP -8 PM 3:04
FALLMADDER, LONDON



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 8, 2003

G. VASQUEZ
PO BOX 450816
SUNRISE, FL 33345

SUBJECT: IDEAL TRAVEL INC
Ref. Number: W03000019203

03 SEP - 8 PM 3:04
TALLAHASSEE, FLORIDA

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We have received your document for IDEAL TRAVEL INC 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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 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.

Marsha Thomas
Document Specialist

Letter Number: 203A00040276

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ideal 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:

Golden Vazquez
(Name of Person)
Ideal Travel Inc
(Firm/Company)
P.O. Box 450816
(Address)
Sunrise FL 33345
(City/State and Zip code)

03 SEP - 8 PM 3:01
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Manuel Vazquez at (954) 742-2700
(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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Ideal Travel 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. Bonaire 3. 481294664
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/03 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. 4141 NW 75 Avenue Landoluhill, RI 03319
(Principal office address)

P.O. Box 450816 Sunrise, RI 03345
(Current mailing address)

8. Travel agency
(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: Golda Vasquez

Office Address: 1070 Sunset Strip Suite 210

Sunrise, Florida 33319
(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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TALLAHASSEE-FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: Golden Vasquez

Address: 4141 NW 75 Terrace
Lauderhill, FL 33319

Director: Sony Vasquez

Address: 4141 N.W. 75 Terrace
Lauderhill, FL 33319

Director: _____

Address: _____

B. OFFICERS

President: Soan mighty

Address: 928 E 215 St
Bronx, NY 10469

Vice President: Kenya mighty

Address: 928 E 215 St
Bronx, NY 10469

Secretary: Blossom Mahoney

Address: S/A

Treasurer: Ashley Mahoney

Address: S/A

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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)

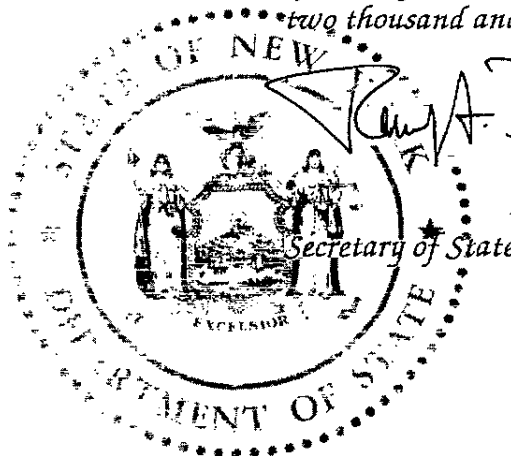
14. Golden Vasquez Vice Chairman

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

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of IDEAL TRAVEL INC. was filed on 01/15/2003, 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 29th day of August
two thousand and three.



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