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DIVISION OF CORPORATION
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1840 Southwest 22	2 ND STREET, 4 TH FLOOR		
MIAMI, FL 3314	5 - (305) 854-6000	OFFICE USE ONLY	
CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	(if/known):	
1. GOLDEN SE	•	,	
(Corporation Name)	<u> </u>	(Document #)	
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□ Walk-In □ Pick	up time Certifie	d Copy	
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NEW FILINGS	AMENDMEN	TS	
Profit	Amendment		
NonProfit	Resignation of R.A., O	fficer/Director	
Limited Liability	Change of Registered A	Change of Registered Agent	
Domestication	Dissolution/Withdrawa	Dissolution/Withdrawal	
Other	- Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
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	Other		

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.

. GOLDEN SEF	RVICES CORP.		
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	RVICES GROUP CORP.		
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting busin	ness in Florida)
NEW YORK	. 3.	11-3509710	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
10/06/1999	5.	PERPETUAL	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
UPON FILING	3		
	(Date first transacted business in		
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)	
254 Glen Stree	(SEE SECTIONS 607.1501 & 607.150 t, Glen Cove, New York 11542	2, F.S., to determine penalty liability)	
254 Glen Stree			
	t, Glen Cove, New York 11542		
	t, Glen Cove, New York 11542 (Principal office addre	ss)	
P. O. Box 424,	t, Glen Cove, New York 11542 (Principal office addre Glen Cove, New York 11542	ss)	O7 4PR SECRL TALLAH
P. O. Box 424, Any legal busin	t, Glen Cove, New York 11542 (Principal office addre Glen Cove, New York 11542 (Current mailing addre	ss) ss) the State of Florida	-
P. O. Box 424, Any legal busin (Purpose)	t, Glen Cove, New York 11542 (Principal office addre Glen Cove, New York 11542 (Current mailing addre ness or activities permitted under the laws of	ss) the State of Florida ntry to be carried out in state of Florida)	SECRULARY OF TALLAHASSEE, FI
P. O. Box 424, Any legal busin (Purpose)	(Principal office address Glen Cove, New York 11542 (Current mailing address ness or activities permitted under the laws of s) of corporation authorized in home state or course.	ss) the State of Florida ntry to be carried out in state of Florida)	HASSEE, FLOR
P. O. Box 424, Any legal busin (Purpose) Name and street	(Principal office address) Glen Cove, New York 11542 (Current mailing address) ness or activities permitted under the laws of solor of corporation authorized in home state or councet address of Florida registered agent: (P.O.	ss) the State of Florida ntry to be carried out in state of Florida)	N 19 AM
P. O. Box 424, Any legal busin (Purpose) Name and street Name:	(Principal office address) Glen Cove, New York 11542 (Current mailing address) ness or activities permitted under the laws of solutions of corporation authorized in home state or council address of Florida registered agent: (P.O. SPIEGEL & UTRERA, P.A.	ss) the State of Florida ntry to be carried out in state of Florida)	HASSEE, FLOR

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. SPIEGEL & UTRETAIN, I-A.

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	707
Chairman: Marco A. Quezada	PEG 49
Address: P. O. Box 424	HAS
Glen Cove, New York 11542	是
Vice Chairman:	9: 0
Address:	Did a
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Marco A. Quezada	
Address: P. O. Box 424	
Glen Cove, New York 11542	
Vice President:	
Address:	
Secretary: Marco A. Quezada	
Address: P. O. Box 424, Glen Cove, New York 11542	
Treasurer: Marco A. Quezada	
Address: P. O. Box 424, Glen Cove, New York 11542	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
(Signature of Director or Officer listed in number 12 of the application	on)
14. Marco A. Quezada President	
(Typed or printed name and capacity of person signing application))

State of New York Department of State | ss:

I hereby certify, that the Certificate of Incorporation of GOLDEN SERVICES CORPORATION was filed on 10/06/1999, under the name of GOLD TRAVEL CORP., 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 an existing corporation.

A Certificate of Amendment GOLD TRAVEL CORP., changing its name to GOLDEN SERVICES CORPORATION, was filed 06/05/2002.

wITNESS my hand and the official seal of the Department of State at the City of Albany, this 06th day of April two thousand and seven.

Special Deputy Secretary of State

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SECRETARY OF STATE