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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Island TRAVEL + Tours, LTd.  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:
William J HauF Name of Person
15/AND TRAVEL + TOURS LTd. Firm/Company 3527 VOYAGER CIRCLE Address
3527 Voyagen Cincle
$ \begin{array}{cccc} \text{Address} \\ \text{Constant} & \text{Constant} & \text{Constant} \\ Cons$
City/State and Zin code
Address  San Diego, CA 92130  City/State and Zip code  Twtwl/wkesacg/sbal, Net  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number REP Name
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \times \text{\$78.75 Filing Fee & Certificate of Status} \text{\$\subseteq \text{\$87.50 Filing Fee, Certificate of Status & Certified Copy} \text{\$\text{Certified Copy}} \$\text{\$\subseteq \text{\$\text{\$\subseteq \text{\$\text{\$\subseteq \text{\$

## 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose	
2. Delaware USA 3. 5-2-2/8.  (State or country under the law of which it is incorporated) (FEI nu	2502
. 7/19/99 5. Perperual (Duration: Year corp.	will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to reginess (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine positions)	onary naomy,
. 3527 Voyager Cincle San Diego C (Principal office address)	A 92130
(Principal office address)	
3527 VoyaGen Cincle San Die60 C (Current mailing address)	A 92130
(Current mailing address)	20 TAL
(Purpose(s) of corporation authorized in home state or country to be carried out in	SECRE FARY OF STATE TALLAHASSEE, FLORIDA le)
	SER Z
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Mn. Ismael Sere	SR C
Office Address: 784 Vin Tocana	TE DA
THE Address: / O D V/A IVS CANA	114
Light Time Register 334	
$\frac{\text{Welling Tow}}{\text{(City)}}, \text{Florida} = \frac{334}{(Zip of the content of the $	code)
Name: Mn. Ismael Serve  Office Address: 786 Via Toscara  Willing Tor  (City), Florida 334  (Zip of Comparison expertence)	code)
(City)  O. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the acceptance.	
0. Registered agent's acceptance: laving been named as registered agent and to accept service of process for the a esignated in this application, I hereby accept the appointment as registered age.	above stated corporation at the place nt and agree to act in this capacity.
0. Registered agent's acceptance: laving been named as registered agent and to accept service of process for the a esignated in this application, I hereby accept the appointment as registered age wrther agree to comply with the provisions of all statutes relative to the proper a	above stated corporation at the place nt and agree to act in this capacity. I and complete performance of my duti
0. Registered agent's acceptance:	above stated corporation at the place nt and agree to act in this capacity. I and complete performance of my duti
0. Registered agent's acceptance: Iaving been named as registered agent and to accept service of process for the a esignated in this application, I hereby accept the appointment as registered age arther agree to comply with the provisions of all statutes relative to the proper a	above stated corporation at the place nt and agree to act in this capacity. and complete performance of my duti

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: William J HAUF Address: 3527 Voyagen Cincle SAN DIRGO, CA 92130 Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: William J. HAYF Address: 3527 VOYAGER CIRCLE SAN DIEGO, CA 92130 Vice President: Secretary: Treasurer: \_\_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) William J HAUF (Typed or printed name and capacity of person signing application)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ISLAND TRAVEL & TOURS, LTD." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF

MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE

3070742 8300

090563064

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7331330

DATE: 05-29-09

You may verify this certificate online at corp.delaware.gov/authver.shtml