H0000004679

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: William MilliEggar						
AUTHORIZATION BY PHONE TO						
CORRECT COLD NOMO DATE DATE DATE						
DOC. EXAM						



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FILED

SECRETARY OF STATE
ALLWAYSSEE, FLORD

PS 10/210/10

COVER LETTER

TO: New Filing Section Division of Corporations							
SUBJECT: ISP LEISURE LTD. CO.							
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," or "Certificate of Good Standing" 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 B. MILLIKEN							
Name of Person							
HAYDEN, MILLIKEN, & BOERINGER, P.A.							
Firm/Company							
2121 PONCE DE LEON BLVD. SUITE 730							
Address							
MIAMI, FLORIDA 33143							
City/State and Zip code							
WMILLIKEN@HAYDEN-MILLIKEN.COM							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
WILLIAM B. MILLIKEN at (305) 779-8320							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 □ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy □ \$87.50 Filing Fee, Certified Copy □ \$678.75 Filing Fee & Certified Copy □ \$78.75 Filing Fee							

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.	ISP Leisure Lv	mited Inc.					_	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	(If name unavaila	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting bus	iness in Fl	orida)	•	
2.	The Commonw	vealth of Bahamas	3.	80-0618762			_	
	(State or country	under the law of which it is incorporated)	_	(FEI number, if applicable	e)			
4.	November 24,	2004	5.	Perpetual				
	(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perpe	tual")		
6.	None						_	
				n Florida, if prior to registration)				
		•		502, F.S., to determine penalty liability)	ı			
7.	c/o Roberts Isaa			Bay Street, Victoria Avenue, Nassau,	Baffamas	3		
		(Principal office	add	ress)		8	7	
	4770 Biscayne Blvd., PH-A, Miami, Florida 33137							
	(Current mailing address)							
	5			the end and find herein and		2		
8.	Food and beverage services on board cruise ships and other lawful business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)							
	(Furpose(s	of corporation authorized in nome state of	JI CC	bunity to be carried out in state of Floriday		5		
9.	Name and stree	t address of Florida registered agent:	(P.C	D. Box NOT acceptable)	, Ā- ²			
	Name:	William B. Milliken, Esq.						
0	ffice Address:	2121 Ponce de Leon Blvd., Suite 73	0	<u></u>				
		Miami		, Florida <u>33134</u>				
		(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.

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

A. DIK	ECTORS	
Chairman	n:	<u> </u>
Address:		
Vice Cha	irman:	
Address:		
Director:	Niels-Erik Lund	
Address:	4770 Biscayne Blvd., PH-A	
	Miami, Florida 33137	
Director:	Kenneth Engstrom	***
Address:	4770 Biscayne Blvd., PH-A	
	Miami, Florida 33137	
B. OFF	ICERS	SEE CE
	Niels-Erik Lund	
	4770 Biscayne Blvd., PH-A	<u> </u>
7 tuur033.	Miami, Florida 33137	
Vice Pres	sident: Kenneth Engstrom	
	4770 Biscayne Blvd , PH-A	
. radi 000.	Miami, Florida 33137	
Secretary	Charmaine Morris	
	4770 Biscayne Blvd., PH-A, Miami, Florida 33137	
	Gregory Roberts	
	P.O. Box N-4755, Nassau, Bahamas	
riddiess.		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers at	nd/or directors.
13	Classical de la companya della compa	
	(Signature of Director or Officer listed in number 12 of the application)	
14	NIELS-ERIK LUND PRESIDENT	
_	(Typed or printed name and capacity of person signing application)	

