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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

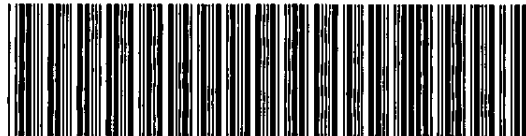
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NEW TOURS COACH, INCORPORATED

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:

MIKHAIL BARBARASH

Name of Person

NEW TOURS COACH, INC

Firm/Company

5610 CARDER ROAD

Address

ORLANDO, FL 32810

City/State and Zip code

NEWTOURSCOACH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKHAIL BARBARASH at ( 917 ) 716-3660

Name of Person

Area Code & Daytime Telephone Number

**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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. NEW TOURS COACH, INCORPORATED**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**NY NEW TOURS COACH, INCORPORATED**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. NEW YORK**

(State or country under the law of which it is incorporated)

**3. 46-1521554**

(FEI number, if applicable)

**4. DECEMBER 04, 2012**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. NOT APPLICABLE**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 2475 WEST 16 STREET, APT 6G, BROOKLYN, NY 11214**

(Principal office address)

**2475 WEST 16 STREET, APT 6G, BROOKLYN, NY 11214**

(Current mailing address)

**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **MIKHAIL BARBARASH**

Office Address: **5610 CARDER ROAD**

**ORLANDO**

(City)

, Florida **32810**

(Zip code)

**9. 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)

**10. 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.**

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

**A. DIRECTORS**

Chairman: NOT APPLICABLE

Address: \_\_\_\_\_

Vice Chairman: NOT APPLICABLE

Address: \_\_\_\_\_

Director: NOT APPLICABLE

Address: \_\_\_\_\_

Director: NOT APPLICABLE

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: MIKHAIL BARBARASH

Address: 2475 WEST 16 STREET, APT 6G  
BROOKLYN, NY 11214

Vice President: NOT APPLICABLE

Address: \_\_\_\_\_

Secretary: NOT APPLICABLE

Address: \_\_\_\_\_

Treasurer: NOT APPLICABLE

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *Mikhail Barbarash*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. MIKHAIL BARBARASH

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

**Certificate of Incorporation**  
of  
**NEW TOURS COACH INC.**

Pursuant to Section 402 of the Business Corporation Law

It is hereby certified that:

1. The name of the corporation is: **NEW TOURS COACH INC.**

2. The purposes for which the corporation is formed are:

To do any act or activity for which corporations may be formed under the Business Corporation Law, provided that the corporation shall not engage in any activity which requires the consent or approval of any state office, agency, board, department or any other body without first obtaining such consent or approval.

For the accomplishment of the aforesaid purposes, and in furtherance thereof the corporation shall have and may exercise all of the power conferred by the Business Corporation Law upon corporations formed thereunder, subject to any limitations contained in Article 2 of said law or in accordance with the provisions of any other statute of the State of New York.

3. The office of the corporation shall be located in the County of Kings

4. The aggregate number of shares which the Corporation shall have authority to issue is 200 No Par Value.

5. The Secretary of State is hereby designated as agent of the corporation upon whom process against the corporation may be served. The Post Office address to which the Secretary of State shall mail a copy of any such process is :

2475 West 16th St., Apt. 6G  
Brooklyn, NY 11214

6. No Directors of this corporation shall be personally liable to the corporation or its shareholders for damages for any breach of duty in such capacity provided that this provision shall not limit the liability of any director if a judgment or other final adjudication adverse to him establishes that his act or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that he personally gained in fact a financial profit or other advantage to which he was not legally entitled or that his acts violated section 719 of the New York Business Corporation Law

7. The undersigned incorporator is of the age of eighteen years or over.

*In witness thereof, the undersigned affirms under the penalties of perjury that the statements contained are true.*

Dated: 12/3/12

s/ Mikhail Barbarash

Incorporator

Mikhail Barbarash

2475 West 16th St., Apt. 6G

Brooklyn, NY 11214

**New York State Department of State*****Division of Corporations Biennial Statement e-Filing System*****SUBMISSION CONFIRMATION  
PLEASE PRINT FOR YOUR RECORDS**

Thank you for submitting your biennial statement online. The biennial statement submitted through the Biennial Statement e-Filing System has been transmitted to the Department of State.

**Transmittal Informational:**

**DOS ID:** 4327443  
**BUSINESS NAME:** NEW TOURS COACH INC.  
**Filing Period:** 12/2014  
**Transmittal Date:** 02/05/2015 04:30 PM  
**Credit Card Auth Code:** 01225C  
**Credit Card Trans Id:** 050215A14-A7267682-E02B-482D-BADC-2CBA5CE63260  
**Last 4 Digits of Credit Card:** 7198

**Record Number:** 20150205000766

**The Credit/Debit Card has been charged \$ 9.00 on: 02/05/2015 04:30 PM**

Upon successful filing of the electronic biennial statement in the records of the Department of State a filing acknowledgment will be sent to you at the e-Mail address provided: NEWTOURSCOACH@GMAIL.COM.

Please note that modifications made through the e-Statement Filing System may not be reflected in the records of the Department for 1 to 3 business days.

If you have questions regarding your electronic filing please contact us at [ebiennial@dos.ny.gov](mailto:ebiennial@dos.ny.gov)

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NYS Division of Corporations, State Records & Uniform Commercial Code  
One Commerce Plaza, 99 Washington Avenue  
Albany, NY 12231-0001  
(518) 473-2492

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**Biennial Statement**  
NYS Department of State  
Division of Corporations, State Records &  
Uniform Commercial Code  
[www.dos.ny.gov](http://www.dos.ny.gov)

**BUSINESS NAME:** NEW TOURS COACH INC.

**FILING PERIOD:** 12/2014

**Part 1 - Chief Executive Officer's Name and Business Address**

Name MIKHAIL BARBARASH		
Address Line 1 2475 W 16 STR. APT. 6G		
Address Line 2		
City BROOKLYN	State NY	Zip Code 11214

**Part 2 - Street Address of Principal Executive Office (A Post Office Box cannot be used)**

Corporation Name NEW TOURS COACH INC.		
Address Line 1 2475 W 16 STR. APT. 6G		
Address Line 2		
City BROOKLYN	State NY	Zip Code 11214

**Part 3 - Service of Process Address (Address must be within the United States or its territories)**

Name NEW TOURS COACH INC.		
Address Line 1 2475 WEST 16TH STREET		
Address Line 2 APT. 6G		
City BROOKLYN	State NY	Zip Code 11214

**Signer Information**

I affirm that the statements contained herein are true to the best of my knowledge, that I am authorized to sign this Biennial Statement and that my signature typed below constitutes my electronic signature.

Electronic Signature MIKHAIL BARBARASH
Capacity of Signer DIRECTOR

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 02/05/2015**  
**FILING NUMBER: 150205006706 - 4327443**