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NAME: INTERIMS TRAVEL, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	
Interims Travel, Inc. SUBJECT:	
	ration - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," 1 Standing" and check are submitted to register the outliness in Florida.
Please return all correspondence concerning this nature.	natter to the following:
Nam	ne of Person
Interims Travel	
Firm 65 W 36th Street, Suite 302	/Company
	Address
New York NY 10018	
City/St	ate and Zip code
irene@picassotravel.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
Irene Sino 212	244-0730
	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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 & ☐ \$87.50 Filing Fee, 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.

	lable in Florida, enter alternate comorate name a	lopted for the purpose of transacting business in F	lorida)
1Y		27 4544285	,
State or count	3	(FEI number, if applicable)	
1/05/2011	ry under the law of which it is meorporated)	(I LI number, it approache)	
	e of incorporation) 5.	(Date of duration, if other than perpetual)	
(Dat	e of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
W 36th Stree	t, Suite 302, New York NY 10018	2, 1.5., to determine penalty nationity)	•
	(Principa	office address)	•
	(Current mailing	address, if different)	
•			
ame and <u>stre</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	يب
	et address of Florida registered agent: (P.O. Gopal Saha	Box NOT acceptable)	
ame and <u>stre</u> Name:	Gopal Saha	Box NOT acceptable)	(3) (3)
Name:	-	Box NOT acceptable)	
Name:	Gopal Saha 1250 E Hallandale Beach Blvd, Suite 607 Hallandale Beach		
Name:	Gopal Saha 1250 E Hallandale Beach Blvd, Suite 607 Hallandale Beach		
Name:	Gopal Saha 1250 E Hallandale Beach Blvd, Suite 607 Hallandale Beach		3 (-8 Part)
Name: e Address:	Gopal Saha 1250 E Hallandale Beach Blvd, Suite 607 Hallandale Beach		
Name: e Address: egistered ag ng been nan	Gopal Saha 1250 E Hallandale Beach Blvd, Suite 607 Hallandale Beach (City) ent's acceptance: ned as registered agent and to accept services		at the p
Name: e Address: egistered ag ng been nan nated in this	Gopal Saha 1250 E Hallandale Beach Blvd, Suite 607 Hallandale Beach (City) ent's acceptance: and as registered agent and to accept services application, I hereby accept the appointment	33009, Florida (Zip code) c of process for the above stated corporation as registered agent and agree to act in the	at the p
Name: e Address: egistered ag ng been nan nated in this er agree to c	Gopal Saha 1250 E Hallandale Beach Blvd, Suite 607 Hallandale Beach (City) ent's acceptance: and as registered agent and to accept services application, I hereby accept the appointment	33009, Florida (Zip code) c of process for the above stated corporation at registered agent and agree to act in the ative to the proper and complete performance	at the p

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 Rainer Klee Chairman: 300 N. Continental Blbd., Suite 310 Address: El Segundo, CA 90245 Vice Chairman: Address: _ Address: **B. OFFICERS** Irene Sino President: 65 W 36th Street, Suite 302 Address: New York NY 10018 Eren Aksoy Vice President: 300 N. Continental Blvd., Suite 310 Address: El Segundo, CA 90245 Eren Aksoy Secretary: _ 300 N. Continental Blvd., Suite 310 El Segundo, CA 90245 Address: _ Irene Sino Treasurer: 65 W 36th Street, Suite 302 New York NY 10018 NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

Irene Sino

13.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of INTERIMS TRAVEL, INC. was filed on 01/05/2011, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of April two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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