## F95000003735

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

Dear Sir or Madam:

ENJOY AMERICA INC.

(Name of corporation - must include suffix)

ENJOY AMERICA INC. 501 5th Ave., Suite 903 New York, NY 10017 (212) 963-6569

The enclosed "Application by Foreign Corporation for Authorization to Florida", "Certificate of Existence", and check are submitted to register foreign corporation to transact business in Florida.	Transact Business In the above referenced
Please return all correspondence concerning this matter to the following:	
Mr. KIM SABATINI  (Name of Person)  ENJOY AMERICA INC  (Firm/Company)  501 FIFTH AVENUE # 903  (Address)	900001536419 -07/13/9501007003 *****78.75 *****78.75 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NEW YORK, NY. 10017 (City, State and Zip Code)  Should you need to call someone concerning this matter, please call:  NR. KIM SABATINI at (212, 985 - 6569.	SECRETARY DESCRIPTION OF SECRETARY DESCRIPTION
(Name of Person) Area Code & Daytime Telephone Numb	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

**COURIER ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 13, 1995

KIM SABATINI ENJOY AMERICA INC 501 5TH AVE #903 NEW YORK, NY 10017

SUBJECT: ENJOY AMERICA INC. Ref. Number: W95000014118

We have received your document for ENJOY AMERICA INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 995A00033703

## 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: (Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated (Duration: Year corp. will cease to exist or "perpetual")  $\lambda$ lo $\lambda$ Ollestance (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) (Current mailing address) better Service our Clients Visiting (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: Name: Mr. Massimo Viviani Office Address: 169 Lincoln Road # Suite 21% , Florida , <u>33139</u> Miami Beach. 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 goffplete performance of my duties, and I am familiar with and accept the obligations of my duties, and I am familiar

(Negistered 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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)	
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)	
Chairman: Mr. Massimo Viviani (Owner + President)	
Address: 20 River Road #22 H 710 Washington Avenue # 5	215
Roosevelt Island. N.M. 10044   Miami Beach, Florida	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B.OFFICERS (Street address only- P. O. Box NOT acceptable)	
President:	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Addressn	
NOTE: It necessary you may attach an addendum to the application listing additional officers and/or directors.	
listing addit officers and/or directors.	
(Signature of Chairman, Vice Cha an, or any officer listed in number 12 of the plication)	
Mr. Massimo Viviani Owner/President	
(Typed or printed name and capacity of person signing application)	

## State of New York Department of State

I hereby certify, that the certificate of incorporation of ENJOY AMERICA, INC. was filed on 04/25/1990, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official scal of the Department of State at the City of Albany, this 24th day of July one thousand nine hundred and

Ainety-five.

OF NEW Secretary of State

Secretary of State

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SECRETARY OF STATE
DIVISION OF STATE
SECRETARY OF STATE