

F9500000 5804

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

200001648942
-11/29/95--01084--006
*****70.00 *****70.00

SUBJECT: HONEYMOON HOLIDAYS & CRUISES INC.
(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:

KATHLEEN McPARTHY
(Name of Person)

HONEYMOON HOLIDAYS & CRUISES INC.
(Firm/Company)

2139 UNIVERSITY DR #103
(Address)

CORAL SPRINGS, FL. 33071
(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 29 PM 3:10

Should you need to call someone concerning this matter, please call:

KATHY McPARTHY at (305) 344-3986
(Name of Person) Area Code & Daytime Telephone Number

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. HONEYMOON HOLIDAYS & CRUISES INC.
(Name of corporation: must include the word "INCORPORATED", "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.)

2. DELAWARE 3. 65-06-13031
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCT 4, 1995 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. DECEMBER 1, 1995
(Date first transacted business in Florida. (See sections 607.1801, 607.1802, and 617.185, F.S.))

7. 2139 UNIVERSITY DRIVE SUITE 103
CORAL SPRINGS, FL. 33071
(Current mailing address)

8. TRAVEL AGENCY
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 29 PM 3:10

9. Name and street address of Florida registered agent:

Name: RICHARD MCPARTHY

Office Address: 10630 NW 2ND PLACE

CORAL SPRINGS, Florida, 33071
(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 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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: KATHLEEN MCPARTHY (ONLY OFFICER)

Address: 10630 NW 2ND PLACE
CORAL SPRING FL. 33071

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Kathleen McPartny
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KATHLEEN MCPARTHY - PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 PM 3:10

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HONEYMOON HOLIDAYS & CRUISES INC." 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-FIRST DAY OF NOVEMBER, A.D. 1995.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 29 PM 3:10



Edward J. Freel

Edward J. Freel, Secretary of State

2547886 8300

950270108

AUTHENTICATION: 7719052

DATE: 11-21-95