

F 97000006473

Greemberg

Requester's Name

97 DEC -9 AM 10:52

DIVISION OF CORPORATION

Address

Michelle 4258526

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Expert Travel Financial Security (ETFS) Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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DIVISION OF CORPORATIONS

WL
12/9

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

3:00

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-12/09/97--01022--021
****122.50 ****122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

GREENBERG
ATTORNEYS AT LAW
TRAURIG

December 8, 1997

Via Hand Delivery

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**Re: *Expert Travel Financial Security (E.T.F.S.) Inc. -
Application for a foreign corporation to do business in Florida***

Dear Sir/Madam:

Enclosed please find an application (*submitted in duplicate*) for a foreign corporation to do business in the State of Florida. Also, enclosed please find a good standing from Canada and a check in the amount of \$122.50 to cover the costs of the filing fees and certified copy. Please file immediately with the State and **return all evidence to the Greenberg Traurig box located in your office.**

Thank you for your assistance with this matter. Please contact me if you have any questions at (407) 418-2430.

Very truly yours,



Michele Turton
Paralegal

Encls.

cc: Chris Burden, Esq.

ORLANDO/TURTONM/30342/n/#%011.DOC/12/08/97

#2654

GREENBERG TRAURIG HOFFMAN LIPOFF ROSEN & QUENTEL, P.A.
P.O. Box 4923 ORLANDO, FLORIDA 32802-4923
407-420-1000 FAX 407-420-5909
111 NORTH ORANGE AVENUE 20TH FLOOR ORLANDO, FLORIDA 32801
MIAMI NEW YORK WASHINGTON, D.C.
FORT LAUDERDALE WEST PALM BEACH TALLAHASSEE ORLANDO

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. EXPERT TRAVEL FINANCIAL SECURITY (E.T.F.S.) 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. CANADA
(State or country under the law of which it is incorporated)
3. APPLIED FOR
(FEI number, if applicable)
4. OCTOBER 11, 1985
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. _____

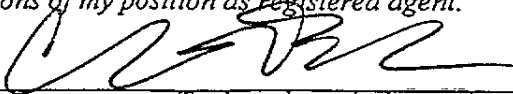
73 QUEEN STREET, LENNOXVILLE, QUEBEC J1M 1J3
(Current mailing address)
8. ANY LAWFUL PURPOSE OR PURPOSES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CHRISTIAN C. BURDEN

Office Address: 111 NORTH ORANGE AVENUE, SUITE 2050

ORLANDO, Florida, 32801
(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.

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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: STEVE ALLATT

Address: 23 LESLIE
NORTH HATLEY, QUEBEC JOB 2CO

Director: JORANNE QUELLETTE

Address: 108 TOYNBEE TRAIL
SCARBOROUGH, ONTARIO M1E 1G3

Director: REG ALLATT

Address: 2 ABBOTT STREET
LENNOXVILLE, QUEBEC J1M 1G3

Director: BRIAN ALLATT

Address: 60 HASKELL HILL
LENNOXVILLE, QUEBEC J1M 1G3

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

President: JOHANNE QUELLETTE

Address: 108 TOYNBEE TRAIL
SCARBOROUGH, ONTARIO M1E 1G3

Vice President: N/A

Address: _____

Secretary: STEVE ALLATT

Address: 23 LESLIE
NORTH HATLEY, QUEBEC JOB 2CO

Treasurer: STEVE ALLATT

Address: 23 LESLIE
NORTH HATLEY, QUEBEC JOB 2CO

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

13. 

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

14. STEVE ALLATT, CHAIRMAN OF THE BOARD OF DIRECTORS

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

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Industry Canada

Industrie Canada

Canada Business
Corporations Act

Loi canadienne sur
les sociétés par actions

**CERTIFICATE OF COMPLIANCE
S.S. 263(2)**

**CERTIFICAT DE CONFORMITÉ
S.S. 263(2)**

**EXPERT TRAVEL FINANCIAL SECURITY
(E.T.F.S.) INC.
VOYAGE EXPERT SÉCURITÉ FINANCIÈRE
(E.T.F.S.) INC.**

198131-5

Name of corporation-Dénomination de la société

Number - Numéro

I HEREBY CERTIFY that the corporation named above is a body corporate incorporated or continued under the *Canada Business Corporations Act* and not discontinued under that Act and that it has not been dissolved and it has sent to the Director the required Annual Returns and Financial Statements.

JE CERTIFIE, par les présentes, que la société ci-dessus mentionnée est une personne morale constituée ou prorogée en vertu de la *Loi canadienne sur les sociétés par actions* et n'a pas changé de régime en vertu de cette Loi et qu'elle n'a pas été dissoute et la société a remis au directeur les rapports annuels et les états financiers dont l'envoi est requis.

Glaine M. Collins

Deputy Director - Directeur adjoint

October 30, 1997/le 30 octobre 1997

Date

Canada

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