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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Oity/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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| A COLUMN NO | |
|--|------|
| ACCOUNT NO. : 07210000032 | |
| REFERENCE : 587990 4320209 | |
| REFERENCE : 587090 4320209 AUTHORIZATION : Tatucia guto | |
| COST LIMIT : \$ 125.00 | |
| ORDER DATE: April 23, 2004 | |
| ORDER TIME : 10:59 AM | |
| ORDER NO. : 587090-010 | |
| CUSTOMER NO: 4320209 | |
| CUSTOMER: Cathy Benanti, Esq. Cassin, Cassin & Joseph 20th Floor 711 3rd Avenue New York, NY 10017 | 04 B |
| FOREIGN FILINGS | |
| NAME: GLOBAL TRAVEL AND TOURS LLC | |
| XXXX QUALIFICATION (TYPE: LL) | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Sara Lea EXT# 2914 | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | GLOBAL TRAVEL AND TOURS LLC | | | | | | |
|---------------------|--|-------------------|---|--|--|--|--|
| | (Name of foreign limited liability company) | | | | | | |
| 2. | Delaware 3. 27-0084777 | | | | | | |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | | | | | | |
| 4. | 3/11/045. Perpetual | | | | | | |
| | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | | | | | | |
| 6. | Upon Filing | | | | | | |
| | (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)) | | | | | | |
| 7. | 2711 Centerville Road, Suite 400 | | | | | | |
| | Wilmington, Delaware 19808 | | | | | | |
| | (Street address of principal office) | | | | | | |
| 8. | If limited liability company is a manager-managed company, check here | 150 150 150 | | | | | |
| 9. | The names and usual business addresses of the managing members or managers are as follows: | ा: इत् | 7 | | | | |
| | William R. Sigmund II | <u> </u> | | | | | |
| | 2738 NE 14th Street | ِنَّ | | | | | |
| | Ft Lauderdale, Florida 33304 | | | | | | |
| | | | | | | | |
| iavi icce nus | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the ing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is neeptable. If the certificate is in a foreign language, a translation of the certificate under oath of the treat be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Travel Consulting | ot anslate | | | | | |
| | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | | | | | | |
| | Typed or printed name of signee | | | | | | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of t | he Limited Liability Comp | oany is: | | |
|--|---|--|--|---|
| GLOBAL TRAVE | L AND TOURS LLC | | | |
| 2. The name and | the Florida street address | of the register | ed agent and office are: | |
| | Corporat | ion Servic | e Company | |
| - | | (Name) | | 7-6 |
| | 129 | 01 Hays Str | reet | τ.' > τ. |
| - | Florida street add | iress (P.O. Box 1 | NOT ACCEPTABLE) | · 22 |
| | | | | ·•. |
| | Tallahassee | म . | 32301 | |
| - | (1 | City/State/Zip) | | • |
| liability company registered agent o statutes relating t | at the place designated in and agree to act in this cap o the proper and complete tions of my position as regi | this certificate acity. I furthe performance o | ice of process for the above . , I hereby accept the appoint r agree to comply with the pr of my duties, and I am familio s provided for in Chapter 60 | tment as rovisions of all ar with and |
| | \$ 100.00 | Filing Fee | for Application | |

\$ 25.00

\$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL TRAVEL AND TOURS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL TRAVEL AND TOURS LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3070054

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DATE: 04-23-04