

A9000001684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

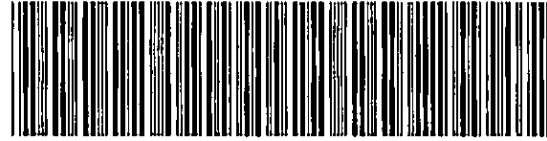
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000325120300

04/03/19--01002--006 **300.00

02/26/19--01017--010 **70.00

PAID

2019 APR 17 8:43

FILED

4/8/19 85



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2019

DYLAN QUINN
227 COLFAX AVE N, SUITE 200
MINNEAPOLIS, MN 55405

SUBJECT: TRAVELNET SOLUTIONS INC.
Ref. Number: W19000025056

We have received your document for TRAVELNET SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$800.00.

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 (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 219A00005155

2019 MAR 14 10:05 AM

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travelnet Solutions 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," or "Certificate of Good Standing" 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:

Dylan Quinn

Name of Person

Ward Kopplin, PLLC

Firm/Company

227 Colfax Avenue North, Suite 200

Address

Minneapolis, Minnesota 55405

City/State and Zip code

rcbailey@resortsandlodges.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dylan Quinn

952 653-2623
at ()

Name of Person

Area 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 & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

2019 11-17 8:44
FILED

**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. Travelnet Solutions Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. 900132087
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 30, 2003 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. April 3, 2017
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9900 Hemingway Avenue South, Cottage Grove, Minnesota 55016
 (Principal office address)

 (Current mailing address, if different)

2019 JUN 11 10 30 AM
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

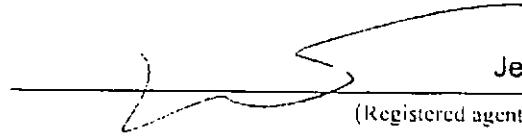
FILED

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
 Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
 (City) (Zip code)

9. 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.



 Jennifer Sharp on behalf of InCorp Services, Inc.
 (Registered agent's signature)

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

Chairman: Charles Bailey

Address: 9900 Hemingway Avenue South, Cottage Grove, Minnesota 55016

Vice Chairman: _____

Address: _____

Director: Ryan Bailey

Address: 9900 Hemingway Avenue South, Cottage Grove, Minnesota 55016

Director: _____

Address: _____

B. OFFICERS

President: Ryan Bailey (CEO)

Address: 9900 Hemingway Avenue South, Cottage Grove, Minnesota 55016

Vice President: _____

Address: _____

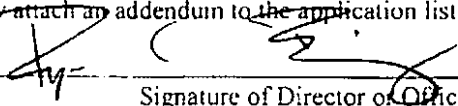
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. 
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. §17.155, F.S.

13. Ryan Bailey, Chief Executive Officer

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

FILED
MAR 17 2011
8:44

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Travelnet Solutions Inc.
Date Filed: 12/30/2003
File Number: 736540-2
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 01/28/2019



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

2019 JAN - 1 7 8 40

FILED