# FU000006484

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
|                           |                  |             |
| (Add                      | ress)            |             |
|                           |                  |             |
| (Add                      | ress)            | <u> </u>    |
|                           |                  |             |
| (City/                    | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
|                           |                  |             |
| (Busi                     | iness Entity Nan | ne)         |
|                           |                  |             |
| (Doc                      | ument Number)    |             |
|                           |                  |             |
| Certified Copies          | Certificates     | s of Status |
|                           |                  |             |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
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Office Use Only



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T. LEMIEUX NOV 1 3 2021

# **COVER LETTER**

| TO:   | Registration Se<br>Division of Co     |   |                             | ·                                      |
|---|---------------------------------------|---|-----------------------------|--|
| SURJ  | ECT:                                  | Primetir  | ne Travel Inc.              |  |
| 0000  |                                       | Name of corpora   | tion - must include suffix  | <del></del>                            |
| Dear S  | Sir or Madam:                         |   |                             |  |
| "Certi  | ficate of Existen                     | tion by Foreign Corporation<br>ce," or "Certificate of Good S<br>gn corporation to transact bus | Standing" and check are sub |  |
| Please  | return all corres                     | pondence concerning this ma   | atter to the following:     |  |
| .+  |                                       | Const   | ance Bailey                 |  |
|   |                                       | Name  | of Person                   |  |
|   |                                       | Primetim  | e Travel Inc.               |  |
|   | ·-                                    | Firm/C  | Company                     |  |
|   |                                       | 2711 E. Jeft  | ferson Ave                  |  |
|   |                                       | A   | ddress                      |  |
| -   |                                       | Detroit M   | fI 48207                    |  |
|   |                                       | City/Sta  | te and Zip code             |  |
|   | · · · · · · · · · · · · · · · · · · · |   | @Pttravel2.com              |  |
|   |                                       | E-mail address: (to be us   | ed for future annual report | notification)                          |
| For fu  | rther information                     | concerning this matter, plea  | se call:                    |  |
| Consta  | nce Bailey                            | at ( <sup>313</sup>   | 213-8063                    |  |
|   | Name of Perso                         | on Area (   | Code Daytime Telep          | hone Number                            |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  |                                       | MAILING A<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, F                  | Section<br>orporations<br>7 |  |
|   |                                       | the following amount:   | 'NT OF STATE                |  |
| Please make check payable to FLORIDA DEPARTMENT OF STATE  \$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$ |                                       |   | ☐ \$87.50 Filing Fee,       |  |
|   |                                       | Certificate of Status   | Certified Copy              | Certificate of Status & Certified Copy |

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.   | Primetime Travel Inc.  |  |                                  |                             |
|--|--|--|----------------------------------|-----------------------------|
|  |  | corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORAT             | ",иог                       |
|  | Primetime Trav   | rel 2 Inc.   |                                  |                             |
|  | (If name unavail   | able in Florida, enter alternate corporate name ac                       | lopted for the purpose of transa | ecting business in Florida) |
| 2.   | Michigan Unite   | d States   |                                  |                             |
|  | (State or country under the law of which it is incorporated) |  | (FEI number, if applicable)      |                             |
| 4.   | May  | 16, 2014 5   | Prepetual                        |                             |
|  | (Date  | of incorporation)  | (Date of duration, if ot         | her than perpetual)         |
| 6.   | 611/01/2021  |  |                                  |                             |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2711 Jefferson Avenue Detroit MI 48206 |  |  |                                  |                             |
| 1.   |  | (Principal office  | street address)                  |                             |
|  | 433 Plaza Real S   | Suite 275 Boca Ratan, FL 33432   | ,                                |                             |
|  |  | (Current mailing   | address, if different)           |                             |
| 8.   | Name and street  | et address of Florida registered agent: (P.O.                            | Box NOT acceptable)              | . 2                         |
|  | Name:  | James L. Bearden, Esq  |                                  | - 1 SV 1                    |
| О  | ffice Address:   | 55NE 5th Avenue Suite 503  | _                                | 5 F                         |
|  |  | Boca Ratan   | , Florida <sup>33432</sup>       | 1                           |
|  |  | (City)   | (Zip code)                       |                             |

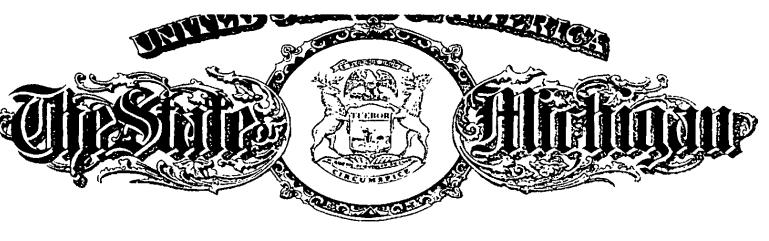
## 9. Registered agent's acceptance:

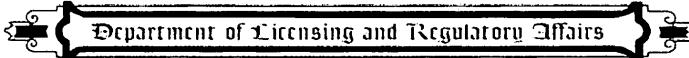
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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.

| ⊔Chairman       | Name:  | ⊔Chairman                    | Name:       | <del></del>           |
|-----------------|--|------------------------------|-------------|-----------------------|
| □Vice Chairman  | Address:   | □Vice Chairman               | Address:    |                       |
| □Director       | Detroit, MI 48206  | Director                     |             |                       |
| President       |  | ☐ President                  |             |                       |
| □Vice President |  | □Vice President              | ***         |                       |
| Secretary       | □Treasurer   | Secretary                    |             | Treasurer             |
| Other           | Other  | Other                        |             | Other                 |
| □Chairman       | David Bailey   | □Chairman                    | Name:       |                       |
| □Vice Chairman  | 2445 Atkinson  |                              |             |                       |
| Director        | Detroit, MI 48206  | □ Dimeter                    |             |                       |
| □President      |  | □President                   |             |                       |
| □Vice President |  | □Vice President              |             |                       |
| □Secretary      | Treasurer  | ☐ Secretary                  |             | Treasurer             |
| Other           | Other  | □Other                       |             | Other                 |
| □Chairman       | Name: Ashley Bailey  | □ Chairman                   | Name:       |                       |
| □Vice Chairman  | Address:   | □Vice Chairman               | Address:    |                       |
| Director        | Detroit, MI 48206  | □Director                    |             | <del></del>           |
| □President      |  | □President                   |             |                       |
| □Vice President |  | □Vice President              |             |                       |
| Secretary       | □Treasurer   | ☐ Secretary                  |             | Treasurer             |
| Other           | Other  | □Other                       |             | Other                 |
|                 | Use an attachment to report more than six (6). The added to the index when filing your Florida Description.  Signature of Directions of the second se | partment of State Annual Re  | port form.  | ses only. Non-indexed |
|                 | ctor signing this document (and who is listed in a<br>alse information submitted in a document to the l  |                              |             |                       |
| 13              | Constance Bail   | <u>-</u>                     | <del></del> | ·                     |
|                 | (Typed or printed name and capacity o  | f person signing application | }           |                       |





Lansing, Michigan

This is to Certify That

PRIMETIME TRAVEL INC.

was validly incorporated on May 16, 2014 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 21100409405

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of October, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

### Michigan Department of Licensing and Regulatory Affairs Corporation Securities & Commercial Licensing Bureau Corporation Division

P.O. Box 30054 Lansing, Michigan 48909 (517) 241-8470

### INVOICE

vice No: ice Date: 2045894

10/19/2021

ress:

CONSTANCE E BAILEY

intion:

CONSTANCE E BAILEY 2711 E. Jefferson Ave

Detroit, MI 48207

3132138063

ne Number: il Address: න · · ·

ırtificate

PRIMETIME01@MSN.COM

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|---|---------------------------|--|-----------|
| , , , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | D'ALECTE I                | The second of th | ### PEEEE |
|   | 800770022                 | CERTIFICATE OF GOOD STANDING - DOMESTIC PROFIT/PC  |           |

Due Date: 10/20/2021

**Corporations Division** P.O. Box 30054

Lansing, MI 48909

Department of Licensing and Regulatory Affairs

Corporations, Securities & Commercial Licensing Bureau

Remit To:

Order Total: \$10

Amount Paid: \$0

REMIT THIS AMOUNT: \$10.

URN YOUR PAYMENT within 30 days, made payable of State of Michigan with a copy of this invoice and include the invoice number on your check or money order.

ir order is incorrect, contact the Corporations Division at the above address or call (517) 241-6470

450.1131, MCL 450.4104(5), and MCL 449.48 provide: A photostatic, micrographic, optical disc media, or other reproduced copy certified by the administrator, which may be sent by ronic transmission, shall be considered an original for all purpose and is admissible in evidence in like manner as an original.