

W14000007543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

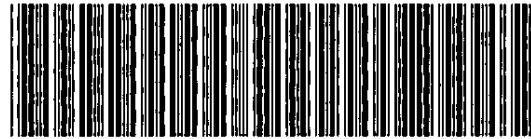
Special Instructions to Filing Officer:

OCT 17 2014

A. LUNT

W14-54333

Office Use Only



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08/25/14--01047--011 **160.00

FILED FOR STATE
TALLAHASSEE, FLORIDA

2014 OCT 16 AM 11:12

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2014

ELIZABETH W.K. CASANOVA
926 SW 6TH COURT
CAPE CORAL, FL 33991

SUBJECT: TRAVEL 4 LESS LLC
Ref. Number: W14000054333

2814 OCT 16 AM 11:12
RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for TRAVEL 4 LESS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 814A00019028



Cape Coral, September 23, 2014

Florida Department of State
Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314
Attn: Ms Agnes Lunt

Dear Ms Lunt,

Please find attached the Application by Foreign Limited Liability Company for
Authorization To Transact Business In Florida listing Hailton da Silva Casanova
and Elisabeth W.K. Casanova as authorized person.

If you have any further question, please do not hesitate to contact us at
301-977-4141.

Thank you very much,

Elisabeth W. K. Casanova, CTA, CSS
Authorized person

FILED
28th OCT 16 AM 11:12
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRAVEL 4 LESS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ELISABETH W. K. CASANOVA
Name of Person

TRAVEL 4 LESS LLC
Firm/Company

926 SW 6th Court
Address

Cape Coral, FL 33991
City/State and Zip Code

travelfourless2002@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELISABETH WK CASANOVA at (301) 977-4141
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. TRAVEL 4 LESS LLE
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. STATE OF MARY LAND 3. 01-073 8873
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 19148 St. Johnsbury Lane Germantown MD
(Street Address of Principal Office) 20846

6. 926 SW 6th Court, Cape Coral, FL 33991
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ELISABETH W.K. CASANOVA - AUTHORIZED PERSON

HAILTON DA SILVA CASANOVA - AUTHORIZED PERSON

ADDRESS FOR BOTH NAMES IS: 926 SW 6th Ct Cape Coral, FL 33991

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Elisabeth W.K. Casanova
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ELISABETH W.K. CASANOVA
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 the Limited Liability Company is:

TRAVEL 4 LESS LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

ELISABETH W. K. CASANOVA

(Name)

926 SW 6th Court

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Cape Coral FL 33991

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Elisabeth W.K. Casanova

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
2014 OCT 16 AM 11:12
CLERK OF DISTRICT COURT
ALACHUA COUNTY FLORIDA

STATE OF MARYLAND
Department of Assessments and Taxation

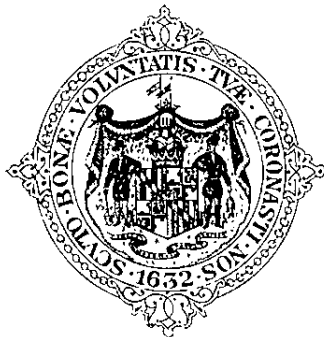
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TRAVEL 4 LESS LLC, REGISTERED JULY 31, 2002, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 22, 2014.

Paul B. Anderson

Paul B. Anderson
Charter Administrator



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

CRTGST