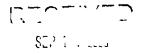
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Office Use Only



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## COVER LETTER

i,

	Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJEC	TRAVELPARK LLC	
ODDIEC		e of Limited Liability Company
The enclo Existence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
lease ret	turn all correspondence concerning this matter to	o the following:
	ALINE DARMOUNI	
	4-/-	Name of Person
	EXCO US ATRIUM	
	-	Firm/Company
	1200 BRICKELL AVE SUITE 1960	
		Address
	MIAMI FL 33131	
	C	ity/State and Zip Code
	ad@excous.com	
	E-mail address: (to be	used for future annual report notification)
or furthe	er information concerning this matter, please ca	11:
	Aline Darmouni	305 600 4405 at ()
-	Name of Contact Person	at () Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
Registration Section		Registration Section
	Division of Corporations	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ī	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEP  S125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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

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

L TRAVELPARK LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L.I.	C.," or "LLC.")		
	name adopted for the purpose of transacting business in FI	14 (77	*		
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in FI	orida. The alternate name must	include "Limited Liz	ability Company,""L.L.C.	or "LUC.
DELAWARE 2		37-1842697 3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<i></i>	(FEI numbe	er, it applicable)	
10/01/2018					
7.	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)			
0020 DELLANCA AV	PARTE				
5. (Street Address of Principal Office)	ENUE	6. (Mailing Ad	dress)		
LOS ANGELES CA 90					
		<del></del>			
				15. 1 15.27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<del></del>		<u> </u>	
7 Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		سبب دست مطب	
y v zme una <u>parecias ano</u>	in or , ionida (glata) de agent (r. o. port	<u></u>			
	EXCO US ATRIUM				· ·
Name:					
	1200 BRICKELL AVE SUITE 1960			<b>*</b> -	
Office Address:	-				
	MIAMI	. Floric	33131		
	(Cay)	, . FIOTIC	(Zip code)	<del></del>	

## Registered agent's acceptance:

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 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: AHMED MHIRI	□Manager	Name:	
□Member	Address: 9020 BELLANCA AVENUE	□Member	Address:	
□Authorized	LOS ANGELES CA 90045	□Authorized		
Person		Person		
Other	Other	□Other	<u></u>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		• <del>-</del>
Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Signature of an authorized person

Aline Da Romon

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRAVELPARK 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-FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

TAYS OF THE PARTY OF THE PARTY

Authentication: 203533733

Date: 08-25-20