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K. Brumbley

COVER_LETTER

TO:	Registration Section Division of Corporations						
SURI	Dapper Destinations Travel, LLC						
5,6,170	SUBJECT:Name of Limited Liability Company						
The cr Existe	nclosed "Application by Foreign Limited Liab nce, and check are submitted to register the ab	oility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida					
Please	return all correspondence concerning this ma	atter to the following:					
	Katrina Watkins						
		Name of Person					
	Dapper Destinations Travel						
		Firm/Company					
	1550 Chesapeake Dr.						
		Address					
	Hoffman Estates, IL 60192						
		City/State and Zip Code					
	info@dapperdestinationstravel.com	1					
	E-mail address:	(to be used for future annual report notification)					
For fu	rther information concerning this matter, plea	ise call:					
Katrina Watkins		224 659-3495 at ()					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: 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					
	Enclosed is a check for the following amort Please make check payable to: FLORIDA ☐ \$125.00 Filing Fee ■ \$130.00 Filing Certific	DEPARTMENT OF STATE					

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

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

1. Dapper Destinations Tr	avel LLC Limited Liability Company, must include "Li		Common Will C "or "[16")		,
-	Limited Elability Company, must include Li	imited Eldonity C	ompany. c.e.c., or sice.		
Dapper Travel LLC					
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business	s in Florida. The alt	ernate name must include "Limited Liab	itity Company," "LalaC," or "l	.I.C.")
Illinois		,	85-4212162		
Qurisdiction under the law of w	high foreign limited liability company is organized)	- .5	(FEI number	, if applicable)	
N A 4.					
	(Date first transacted business in Florida, if pr (See sections 605 0904 & 605 0905, US to de	for to registration) etermine penalty ha	bility)		
1550 Chesapeake Dr.			550 Chesapeake Dr.		
Street Address of Principal Office)		О	(Mailing Address)		,
Hoffman Estates, H. 60	0192	11	offman Estates, IL 60192		
		_			
7. Name and street addres Name:	Registered Agents INC	Box <u>NOT</u> ac	ceptable)	2021 NOV 18 PM SECRETARY OF S FALL AHASSEE, FI	APPROVE AND
Office Address:	7901 4th St N, Ste 300			응도 양	<u>, , , , , , , , , , , , , , , , , , , </u>
	St. Petersburg		33702 Florida	59	
	(Cuy)		(Zip code)		
designated in this applica to comply with the provis-	otance: ogistered agent and to accept service ution. I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent.	nt as register oper and com	ed agent and agree to act in	this capacity. I furth	ier agree

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:
[XManager	Name: Katrina Watkins	∐Manager	Name:	
∐Member	Address: 1550 chesapeake	□Member	Address:	
□Authorized	Hoffman Estates, IL 60192	□Authorized		
Person		Person		
□Other	Other	□Other	i	□Other
_[Manager	Name.	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	[]Other		□Other
□Manager	Name.	∃Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	i	□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

Katrina Watkins

File Number

0959127-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DAPPER DESTINATIONS TRAVEL LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 09, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of OCTOBER A.D. 2021.

Authentication #: 2130202418 verifiable until 10/29/2022

Authenticate at: http://www.ilsos.gov

sse White

SECRETARY OF STATE