

To: 125061336 From: 21431250 Date: 6/24/19 Page: 01  
2019 Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Center

# F1900002913

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000194521 3)))



H190001945213ABC%

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
TRAVEL SUCCESS ACADEMY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Y SCOTT

Electronic Filing Menu

Corporate Filing Menu

JUN 25 2019  
Help

To: 18506176383 From: 12143052508 Date: 06/24/19 Time: 12:09 PM Page: 02/05  
To: 12143174754 From: Restricted Date: 06/24/19 Time: 8:32 AM Page: 01  
850-617-6381 6/24/2019 11:32:30 AM PAGE 1/001 Fax Server



June 24, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: TRAVEL SUCESS ACADEMY INC  
REF: W19000059120

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Yvette Scott  
Document Specialist II

FAX Aud. #: E19000194521  
Letter Number: 219A00012721

((H19000194521 3)))

**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. Travel Success Academy 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. Indiana 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04-05-2019 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6530 Kennedy Avenue, Unit 2513, Hammond, IN, 46323  
(Principal office address)
- \_\_\_\_\_ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: LEGALINC CORPORATE SERVICES INC.
- Office Address: 5237 SUMMERLIN COMMONS BLVD STE  
400  
Fort Myers, Florida 33907  
(City) (Zip code)

FILED  
2019 JUN 24 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.*

Nancy Puma

(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.

((H119000194521 3)))

((H19000194521 3)))

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman. Dacia Woods ✓  
Address: 6530 Kennedy Avenue , Unit 2513,  
Hammond, IN, US, 46323

Vice Chairman. \_\_\_\_\_  
Address. \_\_\_\_\_

Director. Ronetta Liggett ✓  
Address: 2030 West 111th Street ,  
Chicago, IL, US, 60643

Director. Shanterria Early ✓  
Address: 520 Dandridge Street  
McDonough, GA, 30252

FILED  
2019 JUN 24 PM 4:47  
TALLAHASSEE FLORIDA

B. OFFICERS

President. Dacia Woods ✓  
Address: 6530 Kennedy Avenue , Unit 2513, Hammond, IN, 46323

Vice President. \_\_\_\_\_  
Address. \_\_\_\_\_

Secretary Dacia Woods ✓  
Address: 6530 Kennedy Avenue , Unit 2513, Hammond, IN, 46323

Treasurer. Dacia Woods ✓  
Address: 6530 Kennedy Avenue , Unit 2513, Hammond, IN, 46323

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

12. Dacia Woods  
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.817.155, F.S.

13. Dacia Woods, President  
(Typed or printed name and capacity of person signing application)

((H19000194521 3)))

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**TRAVEL SUCCESS ACADEMY INC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 05, 2019, and was in existence or authorized to transact business in the State of Indiana on June 21, 2019.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 21, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201903051308525 / 20191011028

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 21, 2019.