

F020000002502

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trip Assured, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

EDWARD M. JOHNSON
(Name of Person)

TRIP ASSURED, INC
(Firm/Company)

000005506830--8
-05/13/02--01083--003
*****87.50 *****87.50

P.O. Box 2688
(Address)

CRASSVILLE, TN 38557
(City/State and Zip code)

For further information concerning this matter, please call:

EDWARD M. JOHNSON at (931) 484-3421
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

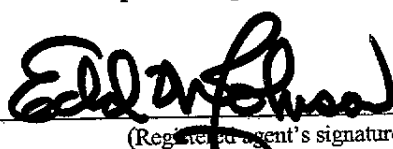
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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. **TRIP ASSURED, Inc.**
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. **Tennessee** 3. **62-1866726**
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. **8-17-2001** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. **UPON QUALIFICATION**
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. **2625 N. MAIN Street**
(Principal office address)
P.O. Box 2688, Crossville, TN 38557
(Current mailing address)
8. **Trip Protection Service**
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: **EDWARD M. JOHNSON**
Office Address: **1050 Hwy 98E, Suite 1704**
Destin, Florida **32541**
(City) (Zip code)
10. 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)
11. 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.

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

A. DIRECTORS

Chairman: EDWARD M. JOHNSON

Address: 1050 Hwy 98E, Suite 1704
Destin, FL, 32541

Vice Chairman: _____

Address: _____

Director: EDWARD M. JOHNSON

Address: See Above

Director: _____

Address: _____

B. OFFICERS

President: EDWARD M. JOHNSON

Address: See Above

Vice President: _____

Address: _____

Secretary: EDWARD M. JOHNSON

Address: See Above

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Ed M. Johnson, President-Chairman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EDWARD M. JOHNSON, President-Chairman
(Typed or printed name and capacity of person signing application)

• **Secretary of State**
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/07/2002
REQUEST NUMBER: 02127569
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/17/2001
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0412823
JURISDICTION: TENNESSEE

TO:
EDWARD M JOHNSON
PO BOX 2688

REQUESTED BY:
EDWARD M JOHNSON
PO BOX 2688

CROSSVILLE, TN 38557

CROSSVILLE, TN 38557

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"TRIP ASSURED, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/07/02

FROM:
TRIP ASSURED INC
PO BOX 2688

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

CROSSVILLE, TN 38557-0000

RECEIPT NUMBER: 00003081801
ACCOUNT NUMBER: 00396180



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE