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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF THE  
TREASURY  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRAVELINK, 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:

ROSALIE P. STONER  
(Name of Person)  
TRAVELINK, INC  
(Firm/Company)  
402 BNA DR, STE 303  
(Address)  
NASHVILLE TN 37217  
(City/State and Zip code)

For further information concerning this matter, please call:

ROSALIE P. STONER at ( 615 ) 367-4900  
(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

SECRET  
TALLAHASSEE, FLORIDA

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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. TRAVELINK, INCORPORATED  
(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. TENNESSEE 3. 62-1447827  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/94 5. N/A  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8/21/05  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 402 BNA DR, SUITE 303, NASHVILLE, TN 37217  
(Principal office address)

same  
(Current mailing address)

8. TRAVEL AGENCY  
(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 NOT acceptable)

Name: MARK FALLON

Office Address: 189 NW 101 STREET

MIAMI SHORES, Florida 33150  
(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.*

Mark Fallon

(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.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**A. DIRECTORS**

Chairman: DONALD F DIXON

Address: 30 CHILES AVE, ASHEVILLE, NC 28803

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: MICHAEL S DIXON

Address: 117 WENTWORTH AVE, NASHVILLE TN 37215

Vice President: \_\_\_\_\_

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

Secretary: WILLIAM D. HAIRE

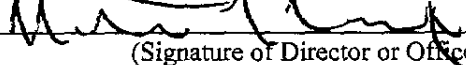
TREAS

Address: 107 LEXINGTON CT., NASHVILLE TN 37215

Treasurer: \_\_\_\_\_

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

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. MICHAEL S DIXON, PRESIDENT  
(Typed or printed name and capacity of person signing application)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ISSUANCE DATE: 01/26/2005  
REQUEST NUMBER: 05026507  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/20/1990  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0234683  
JURISDICTION: TENNESSEE

TO:  
TRAVELINK, INC  
%ROSALIE STONER CPA  
402 BNA DR-#303  
NASHVILLE, TN 37217

REQUESTED BY:  
TRAVELINK, INC  
%ROSALIE STONER CPA  
402 BNA DR-#303  
NASHVILLE, TN 37217

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
-----  
"TRAVELINK, INCORPORATED"

-----  
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 THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
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: 01/26/05

FROM:  
TRAVELINK INC. (NASHVILLE)  
402 BNA DR.  
STE 108  
NASHVILLE, TN 37217-0000

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

RECEIPT NUMBER: 00003637027  
ACCOUNT NUMBER: 00231779



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE