

FILE 000000053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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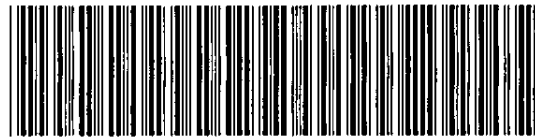
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
16 JAN -5 PM 4:00 FILED
2016 JAN -5 A 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 06 2016

S MASON

SUNSHINE CORPORATE FILING of FLORIDA, INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

COVER LETTER

DATE: 1/5/16

WALK IN

ENTITY

NAME: EXPEDIA LX PARTNER BUSINESS, INC.

(NAME AVAILABLE? ☒)

CORRECT FORM ☐)

PLEASE FILE THE ATTACHED AND RETURN:

☒ PLAIN COPY

☐ CERTIFIED COPY

CHECK # 2186

AMOUNT: \$70.00

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY
QUESTIONS OR CORRECTIONS!

THANK YOU!

TINA GOFF, PRESIDENT

SUNSHINE CORPORATE & FILING SERVICES, INC.

**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. Expedia LX Partner Business, 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)

Delaware

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

December 11, 2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

upon filing

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

8427 South Park Circle, Suite 200, Orlando, FL 32819

7. _____
(Principal office address)

attn: Legal Dept. 333 108th Avenue NE, Bellevue, WA 98004

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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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.

Cheryl Conkling

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mark D. Okerstrom

Address: 333 108th Avenue NE

Bellevue, WA 98004

Director: Robert J. Dzielak

Address: 333 108th Avenue NE

Bellevue, WA 98004

B. OFFICERS

President: Dara Khosrowshahi

Address: 333 108th Avenue NE

Bellevue, WA 98004

Vice President: Mark D. Okerstrom (Executive Vice President and Chief Financial Officer)

Address: 333 108th Avenue NE

Bellevue, WA 98004

Secretary: Robert J. Dzielak (and Executive Vice President and GC)

Address: 333 108th Avenue NE, Bellevue, WA 98004

Treasurer: Alan Pickerill (and Vice President)

Address: 333 108th Avenue NE, Bellevue, WA 98004 (please see attached form for additional officers)

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

12.  _____

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. Michael S. Marron, Vice President, Associate GC, and Assistant Secretary

(Typed or printed name and capacity of person signing application)

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List of Additional Officers - Expedia LX Partner Business, Inc.

Name	Title	Business Address
Lance Soliday	Vice President and CAO	333 108th Avenue NE, Bellevue, WA 98004
Frances Erskine	Vice President, Tax	333 108th Avenue NE, Bellevue, WA 98004
Michael S. Marron	Associate General Counsel, Vice President, and Assistant Secretary	333 108th Avenue NE, Bellevue, WA 98004

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPEDIA LX PARTNER BUSINESS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXPEDIA LX PARTNER BUSINESS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2015.

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



5905114 8300

SR# 20160026306

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201609239

Date: 01-04-16