F1600000333

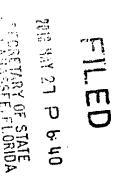
. (Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to I RMR [CET]. (R.A. WYORS)	Filing Officer: Vi	116-38966 Ch				

Office Use Only



800286043898

800286U43898 05/23/16--01039--014 **78.75



JUN 0 3 2016 WORREN S MASON



May 26, 2016

GINGER KING 700 BANYAN TRAIL BOCA RATON, FL 33431

SUBJECT: TRAVELPRO PRODUCTS, INC.

Ref. Number: W16000038966

We have received your document for TRAVELPRO PRODUCTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 016A00011220

COVER LETTER

	: Registration Section Division of Corporations						
	Travelpro Pr	oducts, Inc.					
Name of corporation - must include suffix							
Dear Sir or	Madam:						
"Certificate	of Existence,"		Good Stand	uthorization to Transacing" and check are subs in Florida.			
Please retur Ginger King	-	dence concerning t	his matter t	o the following:			
		<u> </u>	Name of Po	erson			
Travelpro Pr	oducts, Inc.						
		j	Firm/Comp	any			
700 Banyan	Trail						
Boca Raton,	FL 33431		Addres	S			
gking@trave	elpro.com	Ci	ty/State and	d Zip code			
		E-mail address: (to	be used for	r future annual report r	otification)		
For further	information co	ncerning this matte	r, please ca	11:			
Ginger King		561	998-2824				
Na	me of Person		Area Code	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is	a check for the	e following amount	:				
\$70.00	Filing Fee (3 \$78.75 Filing Fe Certificate of St		\$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.	Travelpro Products, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
	"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")					
2.	D.I.	able in Florida, enter alternate corporate name ado	2400130	_			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4.	4/12/16	of incorporation) 5.					
	(Date	of incorporation)	(Date of duration, if other than perpetual)				
7	700 Banvan Trail.	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 , Boca Raton, FL 33431	, F.S., to determine penalty lial	bility)			
		(Principal o	office address)				
•		(Current mailing a	ddress, if different)				
8.	Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	T LY NY SIE			
Ωf	ffice Address:	700 Banyan Trail					
0.	Thee Address.	Boca Raton	33431 , Florida	P 6: 40 OF STATE			
		(City)	, Florida(Zip code)	10 5 5			
Ho de fu	aving been namesignated in this orther agree to co	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela familiar with and accept the obligations of n	nt as registered agent and d ative to the proper and com	agree to act in this capacity plete performance of my			

(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: Vice Chairman: Address: Director: ___ Address: Address: B. OFFICERS President: Ó. Blake Lipham Vice President: _ 700 Banyan Trail Address: Boca Raton, FL 33431 Secretary: _

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

Address:

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRAVELPRO PRODUCTS, 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 EIGHTEENTH DAY OF MAY, 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 "TRAVELPRO PRODUCTS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF APRIL, A.D. 2016.

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

Authentication: 202339293

Date: 05-18-16