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COVER LETTER

TO: Registration Section Division of Corporations TRIUMPH TRAVEL INC.						
SUBJECT:Name of corporation - must include suffix						
Dear Sir or Madam:	·					
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	e of Good Stand	ing" and check are subn				
Please return all correspondence concern BETTY CROVO	ning this matter t	o the following:				
TRIUMPH TRAVEL INC.	Name of Po	erson				
12240 ROUNDWOOD ROAD, SUITE 409	Firm/Comp	any				
TIMONIUM, MARYLAND 21093	Addres	S	2016 AI			
TRIUMPHTRAVEL@COMCAST.NET	City/State and	l Zip code	17/6 Y	Property of the second		
E-mail addre	ss: (to be used fo	r future annual report no	otification) >			
For further information concerning this	matter, please ca	11:				
BETTY CROVO	410 at (2525954	.χ. ω			
Name of Person	Area Code	Daytime Telepho	one Number			
STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassec, FL	ction porations			
Enclosed is a check for the following an \$70.00 Filing Fee \$78.75	ng Fee & 🗖	\$78.75 Filing Fee &	□ \$87.50 Filing			
Certificate	of Status	Certified Copy	Certificate of Certified Cop			

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. TRIUMPH TRAVEL INC. 1. (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) MARYLAND (State or country under the law of which it is incorporated) DECEMBER 1, 2000 5. (Date of duration, if other than perpetual) (Date of incorporation) NO PRIOR BUSINESS TRANSACTED IN FLORIDA (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12240 ROUNDWOOD ROAD, SUITE 409, TIMONIUM, MARYLAND 21093 (Principal office address) SAME AS ABOVE (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REBECCA CROVO Name: 1199 EAGLE BEND COURT Office Address: JACKSONVILLE 32226 , Florida (City) (Zip code) 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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _____ imonium MD 21093 Vice Chairman: Address: Director: ___ Director: Address: **B. OFFICERS** President: Same as above Address: Vice President: ____ Address: __ Secretary: __ Address: __ Treasurer: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Betty J. Crovo - Owner-Manager Triumgh Travel, Inc.
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TRIUMPH TRAVEL INC., INCORPORATED DECEMBER 01, 2000, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 01, 2016.

Heidi Dudderar

Associate Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice