F18000003701

(Requestor's Name)
(Address)
(Address)
, ·
(City/State/Zip/Phone #)
(Only) State/Ziph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000313296340

2010 JUN -7 AM 80 0)

18 JUN -7 PH 4: 2

J. HARRIE

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/7/18

NAME:

TRAVBUZZ INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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.

(Enter name of c	corporation; must include "INCORPORATED," " "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	
(If name unavai)	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida)
Delaware	3		
(State or country under the law of which it is incorporated) September 5, 2002			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
	(Principal o	office address)	
	(Current mailing a	ddress, if different)	
Name and <u>stree</u> Name: Office Address:	Supinder Singh 20900 NE 30th Ave. #200-06	lox <u>NOT</u> acceptable)	2010 JUH - 7
mee Address.	Aventura	 33180 . Florida	**************************************
	(City)	(Zip code)	<u> </u>
laving been nam esignated in this	ent's acceptance: ed as registered agent and to accept service: application, I hereby accept the appointmen omply with the provisions of all statutes rela amiliar with and accept the obligations of m	of process for the above stated t as registered agent and agre tive to the proper and complet	te to act in this capac

(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 Supinder Singh Chairman: 14 Grouse Ct. Address: Skillman, NJ 08558 Vice Chairman: Address: _ _____ Director: Address: Director: **B. OFFICERS** Supinder Singh President: 14 Grouse Ct Address: Skillman, NJ 08558 Vice President: Address: Secretary: Address: 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.

Supinder Singh, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRAVBUZZ 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 SEVENTH DAY OF JUNE, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAVBUZZ INC."

WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2002.

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

Authentication: 202840036

Date: 06-07-18

3565683 8300 SR# 20185025926