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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
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Certified Copies Certificates of Status						
Gertified Copies						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJ	ест: <i>F</i>	LAT TRIP	IΛ	/C			_
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Dear S	ir or Madam:						
"Certif	icate of Existen	ation by Foreign Corporation tee," or "Certificate of Good ign corporation to transact b	Standing	and check are sub			
Please	return all corres	spondence concerning this n	natter to th	e following:			
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For fur	ther informatio	n concerning this matter, ple	rase call:				
_C(	NSTAN Name of Pers		50 Code	687 - 0 Daytime Telep			
	Registration S Division of Co Clifton Buildi	orporations ng 'e Center Circle		MAILING A Registration S Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7		
Enclos	ed is a check fo	r the following amount:			,		
☐ \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	S87.50 F Certifica Certified	ite of Statu	s &

## 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. FLAT TRIP TWO.
(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. TLLINDIS
(State or country under the law of which it is incorporated)

46-52-60-3-74

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) ... 2625 Canyon Drive, Plain Field IL 6058
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CONSTANTIN MITUL 1150 Airport Rd, F104

DESTIN :Florida 32541
(City) (Zip code) Office Address: 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.

ARACI - (Registered agent's signature)

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
	<u> </u>
Director:	
Address:	1
B. OFFICERS	
President: CONSTANTIN MITU	L : 2
Address: 1150 Air port Rd #	INY
Address: 1150 Airport Rd, # A	)
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
<b>NOTE:</b> If necessary, you may attach an addendum to the a	
12. Signature of Di	rector or Officer
The officer or director signing this document (and who is I are true and that he or she is aware that false information s a third degree felony as provided for in s.817,155, F.S.	isted in number 11 above) affirms that the facts stated here ubmitted in a document to the Department of State constitu
CONSTANTI	N MITILL Y



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FLAT TRIP INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 31, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of A.D.MAY 2018

Authentication #: 1814500248 verifiable until 05/25/2019

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE