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COVER LETTER

TO: Registration Section Division of Corporation	S				
SUBJECT: Hello Vacay, Corpo	oration				
SOBJECT.	Name of corporation	n - must in	clude suffix		
Dear Sir or Madam:					
The enclosed "Application by For "Certificate of Existence," or "Cabove referenced foreign corpor	Certificate of Good Sta	nding" and	check are sub		
Please return all correspondence	concerning this matte	er to the fol	lowing:		
Ryan Beachum					
	Name of	Person			
Hello Vacay					
	Firm/Cor	npany			
3090 Bristol St, Ste 255					
Address Costa Mesa, CA 92626					2029 J.
	City/State :	and Zip cod	 de		
rbeachum@hellovacay.com	-	•			د
E-ma	il address: (to be used	for future :	annual report r	notification)	 -
For further information concerni	ing this matter, please	call:			
Ryan Beachum	949 at (656-35	40		
Name of Person	Area Coo	de I	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taflahassee, FL 32314		
	DRIDA DEPARTMEN		filing Fee &	□ \$87.50 F Certifica Certified	ite of Status &

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.

Hello Vacay, Corporation							
	corporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp,")	ED," "(COMPANY," "CORPORATION,"				
HelloVacay, Co	orporation						
(If name unavail	able in Florida, enter alternate corporate na	ne ado	pted for the purpose of transacting bus	siness in Florida)			
2. CA		ler the law of which it is incorporated) 81-1204422 (FEI number, if applicable)					
(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
1/21/2016							
(Date of incorporation)			(Date of duration, if other than perpetual)				
6. n/a							
7	un Road, Lake Buena Vista, FL 32836	7.1502,	orida, if prior to registration) F.S., to determine penalty liability) treet address)				
3090 Bristol St,	Ste 255, Costa Mesa, CA 92626	011100 3	treet address,				
· · · · · · · · · · · · · · · · · · ·	(Current ma	iling a	ldress, if different)				
8. Name and stree Name: Office Address:	et address of Florida registered agent: (Registered Agents Inc. 7901 4th St N STE 300	P.O. B	ox <u>NOT</u> acceptable) —	2020 U.T. 1.6			
	St. Petersburg		, Florida ³³⁷⁰²	- 			
	(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.

Registered Agents Inc.
Bill Havre - Assistant Secretary

(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.

A. DIRECTORS **Ernest Lanaris** Ryan Beachum □ Chairman Name: Chairman Name: ____ 3090 Bristol St, Ste 255 223 Columbia Dr. Apt 124 Address: □Vice Chairman Address: □ Vice Chairman Costa Mesa, CA 92626 Cape Carnaveral, FL 32920 □ Director **■**Director President □President □ Vice President □ Vice President ☐Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other _____ □Other ______ ☐Other _____ □ Chairman □ Chairman Name: _____ Name: □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President □President □Vice President ☐Vice President □ Treasurer □ Secretary ☐ Secretary ☐ Treasurer □ Other _____ ☐Other _____ □Other _____ Name: _____ □ Chairman Name: _____ ☐ Chairman □ Vice Chairman Address: ______ □Vice Chairman Address: ____ □ Director □ Director President □President □Vice President □ Vice President □ Secretary ☐Treasurer ☐ Secretary □ Treasurer □Other □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Signature of Director or Officer

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HELLO VACAY

FILE NUMBER: FORMATION DATE:

C3864373

TYPE:

01/21/2016

JURISDICTION:

DOMESTIC CORPORATION CALIFORNIA

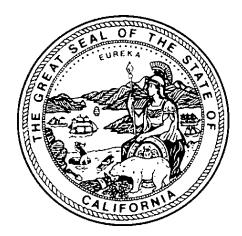
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 13, 2019.

ALEX PADILLA Secretary of State