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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

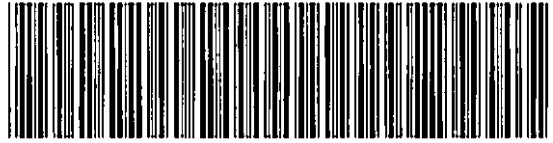
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colagem Travel LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Luciana B Misura

Name of Person

Colagem Travel LLC

Firm/Company

9876 Summerlake Groves St

Address

Winter Garden, FL 34787

City/State and Zip Code

luciana@colagemtravel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luciana B Misura

425

445-1160

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Colagem Travel LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Colagem Trips LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 101 E Old Settlers Blvd Ste 130 6. _____
(Street Address of Principal Office) (Mailing Address)

Round Rock, TX 78664

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

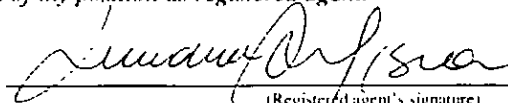
Name: Luciana B Misura

Office Address: 9876 Summerlake Groves St

Winter Garden, FL 34787
(City) Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 agent's signature)

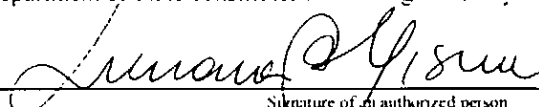
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Luciana B Misura</u>	<input type="checkbox"/> Manager	Name: <u>Evan Kirkpatrick</u>
<input type="checkbox"/> Member	Address: <u>9876 Summerlake Groves St</u>	<input type="checkbox"/> Member	Address: <u>101 E Old Settlers Blvd</u>
<input type="checkbox"/> Authorized	<u>Winter Garden, FL 34787</u>	<input checked="" type="checkbox"/> Authorized	<u>Ste 130</u>
Person		Person	<u>Round Rock, TX 78664</u>
<input checked="" type="checkbox"/> Other ^{Owner}	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Gabriel Misura</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9876 Summerlake Groves St</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Winter Garden, FL 34787</u>	<input type="checkbox"/> Authorized	_____
Person		Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person		Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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 an authorized person

LUCIANA B MISURA

 Typed or printed name of signee



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Colagem Travel LLC (file number 801943165), a Domestic Limited Liability Company (LLC), was filed in this office on February 28, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 19, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State



Phone +1-512-677-9879
contato@colagemtravel.com

October 14, 2020

To: Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Articles of Dissolution / Letter Number 520A00017675

Subject: COLAGEM TRAVEL LLC

Ref Number: W2000106305

Dear Sir or Madam:

I, Luciana B Misura, owner of "Colagem Travel LLC" registration L19000196965, filed for dissolution effective July 30, 2020. As the sole proprietor I have no intention of revoking the dissolution; because my intention, as I explained then, was to register the company as a foreign entity (see a copy of the Articles of Dissolution attached with this affidavit). I hereby release the name "Colagem Travel LLC" so the registration of my company as "Colagem Travel LLC" as a foreign entity, document Ref number W20000106305, can proceed.

If you have any questions, please do not hesitate to contact me at 425-445-1160.

Sincerely,

A handwritten signature in black ink, appearing to read "Luciana B Misura", written over a horizontal line.

Luciana B Misura

Owner Colagem Travel LLC

10/14/2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2020

LUCIANA B MISURA
9876 SUMMERLAKE GROVES ST
WINTER GARDEN, FL 34787 US

SUBJECT: COLAGEM TRAVEL LLC
Ref. Number: W20000106305

We have received your document for COLAGEM TRAVEL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 520A00017675

RECEIVED
OCT 26 2020