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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Luxury Escapes Travel	Corporation		
	ame of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certification referenced foreign corporation	icate of Good Stand	ding" and check are subn	t Business in Florida," nitted to register the
Please return all correspondence con	cerning this matter	to the following:	
Andrew Ward			
	Name of I	Person	
Lux Group Limited			
	Firm/Com	pany	
Level 4, 68 Clarke Street, Southbank			
	Addre	SS	
VICTORIA, 3006			
	City/State ar	id Zip code	
andrew.ward@luxuryescapes.com			
E-mail add	fress: (to be used for	or future annual report no	otification)
For further information concerning the	is matter, please ca	il:	
Andrew Ward	at (413015144	
Name of Person	Area Code) 413015144 Daytime Telepho	one Number
STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
•	A DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

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.

	ip," "Inc." "Co." or "Corp.")		
(If name unavaila	ole in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)
DELAWARE	3	6711414 (FEI number, if app	
	under the law of which it is incorporated)	(FEI number, if app	licable)
01/16/2018	5.		
	of incorporation)	(Date of duration, if other th	ian perpetual)
01/01/2021			
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		y)
1209 Orange Street	d. Corporations trust centre, Newcastle County,	Wilmington, DA 19801	
·	(Principal office	e <u>street</u> address)	
275 Buttery Street	, 26th Floor, San Francisco, CA, 94111		
275 Dancey Date			
		address, if different)	
Name and street	(Current mailing address of Florida registered agent: (P.O.		21
Name and street	(Current mailing address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N Ste 300	Hox NOT acceptable)	21 JUL
. Name and street	(Current mailing address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N Ste 300		21 JUL 2

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 Name: ____ Chairman Chairman □Chairman Address: 51 Moubray Street □Vice Chairman □Vice Chairman Address: Albert Park VIC 3206 ■ Director Director President **ElPresident** □ Vice President □Vice President ElSecretary □ Treasurer □ Secretary □Treasurer []Other_____ ☐ Other _____ (DOther __ ClOther ____ **DChairman** Name: ______ **∐**Chairman Name: ___ [] Vice Chairman □Vice Chairman Address; Address: ___ []Director □ Director CiPresident I∏President [IVice President □Vice President **U**Secretary Treasurer []Secretary []Treasmer []Other_____ []Other_____ □Other □Chairman Name. □Chairman Name: ______ □Vice Chairman Address: _____ □ Vice Chairman Address: Director □ Director □President President □ Vice President □Vice President □ Secretary ☐Treasurer ☐Secretary ☐ Treusurer ⊡Other ___ []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. Signature of Director or Officer The officer or director signing this document (and who is fisted 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.

(Typed or printed name and capacity of person signing application)

ADAM SCHWAB, PRESIDENT



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

DELAWARE, DO HEREBY CERTIFY THAT "LUXURY ESCAPES TRAVEL

CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SIXTEENTH DAY OF JANUARY, A.D. 2018, AT 11:27 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

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

6711414 8315 SR# 20212349490

Authentication: 203369193

Date: 06-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml