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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Reads-21				

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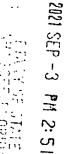


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SEP 03 2021 M. SOLOMON

COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:	West Enterprises lnc.			
Sobsite 1.		corporation - r	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of iced foreign corporation to tran	Good Standir	ig" and check are submit	
Please return	all correspondence concerning	this matter to	the following:	
Elizabeth Blou	mt McCormick			
•		Name of Per	son	
West Enterpris	es _j lne DBA Uniglobe Travel De	esigners		
_		Firm/Compa	ny	
480 S 3rd Stree	et			
		Address		
Columbus, OF	1 43215			
	(City/State and	Zip code	
purchasing@u	=			
	E-mail address: (to be used for	future annual report noti	fication)
For further in	formation concerning this matt	er, please call	:	
Elizabeth Blou	int McCormick	614	237-4488	
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
	check for the following amounteck payable to: FLORIDA DEP ing Fee	ARTMENT O Fee & □ \$		\$87.50 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.

Uniglobe	Travel Designers, The	lopted for the purpose of transacting business in Flori	 ida)	
Ohio		31-1184551	,	
2. ⁻	y under the law of which it is incorporated)	(FEI number, if applicable)		
01/01/19				
4	of incorporation)	(Date of duration, if other than perpetual)		
6. <u></u>				
	(1 late tiret francacted hijsiness in	Florida, if prior to registration)		
	(SEE SECTIONS 607 1501 & 607 150	2. F.S., to determine penalty liability)		
180 C 3rd	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)		
_{7.} 480 S 3rd	(SEE SECTIONS 607.1501 & 607.150 Street, Columbus, OH 4321	2, F.S., to determine penalty liability)		
_{7.} 480 S 3rd	(SEE SECTIONS 607.1501 & 607.150 Street, Columbus, OH 4321	2, F.S., to determine penalty liability)		~>
_{7.} 480 S 3rd	(SEE SECTIONS 607.1501 & 607.150 Street, Columbus, OH 4321 (Principal offic	2, F.S., to determine penalty liability) 5 e street address)		2021
_{7.} <u>480 S 3rd</u>	(SEE SECTIONS 607.1501 & 607.150 Street, Columbus, OH 4321 (Principal offic	2, F.S., to determine penalty liability)		2021 SEF
	(SEE SECTIONS 607.1501 & 607.150 Street, Columbus, OH 4321 (Principal offic	2, F.S., to determine penalty liability) 5 e street address) address, if different)		2021 SEP -3
8. Name and stre	(SEE SECTIONS 607.1501 & 607.150 Street, Columbus, OH 4321 (Principal offic (Current mailing) et address of Florida registered agent: (P.O.	2, F.S., to determine penalty liability) 5 e street address) address, if different) Box NOT acceptable) C		ယ်
	(SEE SECTIONS 607.1501 & 607.150 Street, Columbus, OH 4321 (Principal offic (Current mailing) et address of Florida registered agent: (P.O. Northwest Registered Agent L	2, F.S., to determine penalty liability) 5 e street address) address, if different) Box NOT acceptable) C	18 40 1891 11 11 11 11 11 11 11 11 11 11 11 11 1	-3 PH
8. Name and stre	(SEE SECTIONS 607.1501 & 607.1501 Street, Columbus, OH 4321 (Principal office) (Current mailing) et address of Florida registered agent: (P.O. Northwest Registered Agent LIC) 7901 4th St N STE 300	2, F.S., to determine penalty liability) 5 e street address) address, if different) Box NOT acceptable) C	PICOLE SOLVES IN THE STATE OF STATE	ယ်
8. Name and stre Name:	(SEE SECTIONS 607.1501 & 607.1501 Street, Columbus, OH 4321 (Principal office) (Current mailing) et address of Florida registered agent: (P.O. Northwest Registered Agent LIC) 7901 4th St N STE 300	2, F.S., to determine penalty liability) 5 e street address) address, if different) Box NOT acceptable) C	This and the state of the state	-3 PH 2:

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.

A. DIRECTORS							
□Chairman	Name: Elizabeth Blount McCormick	□Chairman	Name: Elsie B		_		
□Vice Chairman	Address:	□Vice Chairman	Address: 480	S 3rd Street			
□Director	Columbus, OH 43215	■Director	Columbus, O	H 43215			
President		□President			. .		
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		□Other	-		
□Chairman	Jacqueline Blount	□Chairman	Name:				
□Vice Chairman	480 S 3rd Street	□Vice Chairman					
Director	Columbus, OH 43215	□Director					
□President		□President			_,-		
_		□Vice President					
☐Secretary	☐ Treasurer	☐ Secretary		□Treasurer		202	
Other	□Other	Other		□Other		2021 SI'P	
						d	1
Chairman	Name:	□Chairman	Name:		-i:0	3	
□Vice Chairman	Address:	□Vice Chairman	Address:		<u>35</u> 58	2: 5	· •••
□Director		□Director					
□President		□President	<u> </u>	<u> </u>		<u> </u>	-
□Vice President		□Vice President		<u>-</u>		_	-
□Secretary	□Treasurer	□Secretary		☐Treasurer			
□Other	□Other	□Other		□Other			-
individuals may b	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of the six	int of State Annual K	teport form.			exed	
12. CEGNEC	U Blownt McCor- Signature of Director of	r Officer			_		-
The officer or dire	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms t	that the facts stat	ed herein are tr	ue and th	hat he or or in	Γ

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WEST ENTERPRISES, INC., an Ohio corporation, Charter No. 686134, having its principal location in Columbus, County of Franklin, was incorporated on September 30, 1986 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of August, A.D. 2021.

Ohio Secretary of State

Fred Johne

Validation Number: 202122903392



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2021

ELIZABETH BLOUNT MCCORMICK WEST ENTERPRISES, INC. 480 S 3RD STREET COLUMBUS, OH 43215

SUBJECT: UNIGLOBE TRAVEL DESIGNERS

Ref. Number: W21000117427

We have received your document for UNIGLOBE TRAVEL DESIGNERS and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Que (A)

Letter Number: 221A00020581