F34000004437

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





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2024 AUS 16 Fit 4: 58

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Travel Curio	us Inc.		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
"Certificate of Existence."	by Foreign Corporation for A or "Certificate of Good Stand orporation to transact busines	ling" and check are submit	Business in Florida," ited to register the
Please return all correspon	dence concerning this matter	to the following:	
Julie Jenkins			
· 	Name of I	Person	
JRJ Services LLC			
	Firm/Com	pany	
7955 Tumblestone Drive			
	Addre	SS	
Orlando, F1, 32819			
	City/State at	nd Zip code	
Julie@jrjservicesllc.com			
	E-mail address: (to be used f	or future annual report not	ification)
For further information ec	oncerning this matter, please c	all:	
Julie Jenkins	at (407) 446-7574	
Name of Person	Area Cod) 446-7574 2 Daytime Telepho	ne 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 Tallahassee, FL 32314	
Enclosed is a check for the Please make check payable	io: FLORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$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.

Travel Curious 1	nc			
	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	." "COMPANY," "CORPORATION."		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)	
o Delaware	3	93-4474517	3-4474517	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable	le)	
4 11/13/2023	5			
(Date	of incorporation)	(Date of duration, if other than pe	(Date of duration, if other than perpetual)	
	R Dover, DE 19901	1502, F.S., to determine penalty liability) Tice street address)		
	(Current mail	ing address, if different)		
8. Name and <u>stree</u> Name: Office Address:	at address of Florida registered agent: (P. Julie Jenkins 7955 Tumblestone Drive		3074 VAC 1 9 1	
Office Address.		22810	<u> </u>	
	Orlando (City)	, Florida <u>32819</u> (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 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.

3. DÍRECTORS Name: Julie Jenkins □ Chairman l :Chairman Name: Address: 7955 Tumblestone Drive Address: _____ □ Vice Chairman ☐ Vice Chairman Orlando, FL 32819 □ Director ■ Director President ☐ President ☐ Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ Name: □ Chairman Address: El Vice Chairman l Wice Chairman Address: □ Director CDirector _____ □President □ President □Vice President □Vice President Treasurer ." Treasurer []Secretary Secretary □!Other _____ Other _____ []Other_____ □Other _____ Name: □Chairman Name: _____ □ Chairman Address: □Vice Chairman DVice Chairman Address: _______ []Director []Director _____ □President []President □Vice President □Vice President __ □Treasurer □ Secretary □Treasurer □ Secretary LiOther _____ (10ther _____ 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 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 \$,817,155, F.S.

13. Julie Jenkins

Page 1

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "TRAVEL CURIOUS INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D.

2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAVEL CURIOUS INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2023.

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

THE STATE OF THE PARTY OF THE P

Authentication: 203823131

Date: 06-28-24

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