F2400000H812

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

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2024 SET 12 PH 5:21

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MISEP 12 PH 3:37

SEP 1.2.2024 K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/12/2024		•	**WALK IN*
ENTITY NAME Ench	nanting Travels Inc		
DOCUMENT NUMBER	R		
	PLEASE FILE THE ATTA	ACHED AND RETURN	
xxxxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Ame. Certificate of Good Standing	ndments	
	APOSTILLE' / NOTARI	AL CERTIFICATION	
COUNTRY OF DESTIN	VATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$70.0	00	ACCOUNT #: 120160000072	
Please call Tina at	the above number kor anu iss	rues or concerns. Thank you so mo	uch!

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.

Enchanting Tra	ivels, Inc.		
	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate	e name adopted for the purpose of transacting but	siness in Florida)
2. Colorado		3	
(State or count	ry under the law of which it is incorpora	3. (FEI number, if applica	ble)
4. 02/06/2014		5	
		5 (Date of duration, if other than	perpetual)
6. Upon qualificat	tion.		
	(Date first transacted bus	siness in Florida, if prior to registration) a 607.1502, F.S., to determine penalty liability)	
7 8400 E. Prentice	Ave., Suite 1500, Greenwood, Colorado	o 80111	
· · · · · · · · · · · · · · · · · · ·		pal office street address)	
	(Current	t mailing address, if different)	
8. Name and <u>stre</u>	et address of Florida registered agen	t: (P.O. Box <u>NOT</u> acceptable)	2924 SEP
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		2 17
ome / Kareta	Plantation	, Florida 33324 (Zip code)	- P
	(City)	(Zip code)	· 2
Having been nan designated in this further agree to c and I am familia	s application, I hereby accept the ap		act in this capacity. I
1		Natalie Leiba-Paul - Assistant Secretary	
	(Registered ag	ent'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			Decil des Leurine
□Chairman	Name:	Chairman	Name: Parikshat Laxminarayan
□Vice Chairman	Address: 8400 E. Prentice Ave., Suite 1500	□Vice Chairman	Address: 8400 E. Prentice Ave., Suite 1500
Director	Greenwood, Colorado 80111	Director	Greenwood, Colorado 80111
□President		President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	☐Treasurer
□Other	□Other	□Other	☐Other
□Chairman	Karen Luke	□Chairman	Name:
□Vice Chairman	Address: 311 Park Place Blvd., Suite 250	□Vice Chairman	4004144 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
□Director	Clearwater, FL 33759	□Director	Suite 1100
□President		□President	Atlanta, GA 30309
□Vice President		□Vice President	
☐ Secretary	■ Treasurer	■ Secretary	Treasurer
□Other		Other	Other
□Chairman	Name:	□Chairman	Name:
	Address: 1201 West Peachtree Street NW	□Vice Chairman	Address:
□Director	Suite 1100	□Director	
□President	Atlanta, GA 30309	□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other Assistan	t Secretary	Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The a cadded to the index when filing your Florida Depart	ment of State Annual Re	d for reporting purposes only. Non-indexed eport form.
The officer or dire	ctor signing this document (and who is listed in min	iber 11 above) affirms th	at the facts stated herein are true and that he or

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.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Enchanting Travels, Inc.

is a

Corporation

formed or registered on 02/06/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141087656.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/11/2024 that have been posted, and by documents delivered to this office electronically through 09/12/2024 @ 10:31:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/12/2024 @ 10:31:51 in accordance with applicable law. This certificate is assigned Contirmation Number 16379434



Secretary of State of the State of Colorado