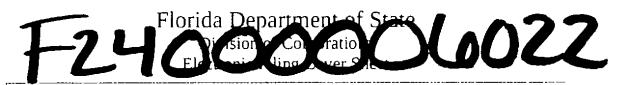
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000362301 3)))



H240003623013ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future ্ৰূত্ৰীnual report mailings. Enter only one email address please.\*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION TRIP CONCIERGE INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

## 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.

(If name unavails	ible in Florida, enter alternate corporate name ada	onted for the purpose of transact	ing business in Florida)	
Delaware	,			
	y under the law of which it is incorporated)	(FEI number, if a	applicable)	
05/14/2015	5			
(Date	of incorporation)	(Date of duration, if other	r than perpetual)	
'n.				
	(Date first transacted business in F		The A	
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty hab	inty)	
7. 7901 4th St N	I STE 300 St. Petersburg, FL 33702			
	(Principal office	street address)		
7901 4th St I	N STE 300 St. Petersburg, FL 33702	address, if different)		
	(Curcii maniig a	address, ir diricterity	20	
8 Name and stree	taddress of Florida registered agent: (P.O. I	30x NOT acceptable)	2024 NOV 25	-2_
<del></del>	Registered Agents Inc	on <u>morn</u> accepative)		<del>-</del>
Name:	Transfer Agents in	<u> </u>	25 25	医含
Office Address:	7901 4th St N STE 300			ہے لت ا
	St. Petersburg	, Florida 3370	## 15 E	ξ.
	(City)	(Zip code)		
	• • •		,	

(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.

34365 11/25/20

024 07:41:45 PSV	To: 18506176383	Pa	age: 3/4	Fax: 81
A. DIRECTORS				
□ Chairman	Thomas Schneider Name:		Rickard Antblad Name:	
□ Vice Chairman	7901 4th St N STE 300 Address:	□ Vice Chairman	Address:Ath St N STE 300	·
<b>X</b> Director	St. Petersburg FL 33702	<b>X</b> Director	St. Petersburg FL 33702	
<b>X</b> President		□ President		
□Vice President		□ Vice President		
[XSecretary	☐ Treasurer	☐ Secretary	<b>X</b> Treasurer	
□Other	○Other	□Other	Other	
□Chантнап	Name:	⊡ Chairman — §	Name:	
□Vice Chairman	Address:		Address:	
□Director		CI Diamana		
□President		□ President _		.=
□Vice President		□ Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	□Other	Other	🗀 Other	
□Chairman	Name:	□ Chairman 1	Name:	
L!Vice Chairman	Address:	Li Vice Chairman	Address:	
□Director		Director		
□President	<del></del>	□ President _		
□Vice President		□ Vice President		
□Secretary	□Treasurer	□ Secretary	□Treasurer	
□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 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.

11/25/2024 07:41:45 PSY To: 18506176383 Page: 4/4 Fax: 8134365



Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRIP CONCIERGE 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 THIRTIETH DAY OF OCTOBER, 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 "TRIP CONCIERGE INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 2015.

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

Authentication: 204754905

Date: 10-30-24