8/26/2020



Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000296429 3)))



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 Humber : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

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

Email Address:	

FLORIDA LIMITED LIABILITY CO. XCLSV TRAVEL, LLC.

Certificate of Status	l
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

D O'KEEFE

Help AUG 2 7 2020

Electronic Filing Menu

Corporate Filing Menu

To:	Page	3	0

EL, LLC.
ompany, "L.L.C.," or "LLC.")
Limited Liability Company is: Mailing Address:
2120 CORPORATE SQUARE BLVD
STE I
JACKSONVILLE, FL 32216

The name and the Florida street address of the registered agent are:

THE BI	ZNESS GROUP	INC
	Name	
2120 CORPORATE S	QUARE BLVD S	TE 1
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
JACKSONVILLE	FL	32216
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Dwan Askong
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGK	DWAN ASHONG
Mon	5800 BEACH BLVD STE 203-103
	JACKSONVILLE, FL 32207
	<u> </u>
	<u> </u>
(Use attachment if necessary)	DA DA
CLE V: Effective date, if other than the dat effective date is listed, the date must be space of filing.) If the date inserted in this block does not	e of filing:
CLE V: Effective date, if other than the dat effective date is listed, the date must be space of filing.)	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li-
CLE V: Effective date, if other than the dat effective date is listed, the date must be a te of filing.) If the date inserted in this block does not become of the Department.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lit of State's records.
CLE V: Effective date, if other than the dat effective date is listed, the date must be space of filing.) If the date inserted in this block does not becoment's effective date on the Department CLE VI: Other provisions, if any. REOURED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the dat effective date is listed, the date must be space of filing.) If the date inserted in this block does not becoment's effective date on the Department CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a many This document is executed any sales.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lit of State's records.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)