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SECRETARY OF STATE DIVISION OF CORRECTION





May 16, 2006

TONIA JONES 920 CEDAR LAKE RD STE P BILOXI, MS 39532

SUBJECT: TRINITY VIP TRAVEL, LLC

Ref. Number: W06000022427

We have received your document for TRINITY VIP TRAVEL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 006A00034300

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COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: TRINITY VIP TRI | AVEL, LLC ted Liability Company) | |
|---|--|-------------------------------|
| The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are sul liability company to transact business in Florida | | |
| Please return all correspondence concerning this ma | atter to the following: | |
| | SONES me of Person) | |
| | IP TRAVEL, LLC m/Company) | |
| | R LAKE RD, STE P (Address) | SECRETAR: DIVISION OF A |
| | MS 3953Q ate and Zip Code) | LED YOF STATE TOP ATTON |
| For further information concerning this matter, plea | ase call: | 7 ਨੌ |
| TONIA JONES (Name of Person) | at (<u>228</u>) <u>396 - 9991</u> (Area Code & Daytime Telephone Numb | - per) |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| Enclosed is a check for the following amount: | □\$155.00 Filing Fee & □\$160.00 Filing Fee, of Status Certified Copy of Status & | Certificate Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) JANUARY I (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) RD 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: ONIA JONES - MANAGING MEMBER WENDY C BRYANT - MEMBER 920 CEDARLAKE RD, STEP, BILOXI, MS 39532 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: TRAVEL AGENCY-SELL MOTORCOACH TOURS Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

TONIA JONES

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|--|
| - TRINITY VIP TRAVELTELC | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| TONIA JONES (Name) | SECRETAR DIVISION OF C 2006 HAY 25 |
| 5331 COMMERCIAL WAY, STE 114 Florida Street Address (P.O. Box NOT ACCEPTABLE) | FTARY OF S FOR CORPO |
| SPRING HILL, FL 34606 City/State/Zip | STATE RATIONS |

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, 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 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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

TRINITY VIP TRAVEL, LLC

Formed December 6, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

14946 GREENWELL CIRCLE PO BOX 1431 BILOXI MS 39532

and that the registered agent at that address is:

JONES, TONIA L

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office April 20, 2006

ric Clark

ERIC CLARK Secretary of State

Certification Number: 7895428-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify