| (Red | questor's Name) | | | |
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| PICK-UP | WAIT | MAIL. | | |
| (Bus | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

G. MCLFOD

AUG 2 1 2008

EXAMINER



900134635279

08/20/08--01027--001 **125.00



THE TRAVEL

VIA DHL

August 19, 2008

Florida Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

TraveLeaders LLC

Application of Foreign LLC to do business in Florida

Dear Sir/Madam:

Please find enclosed our Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida. Also enclosed is our check in the amount of \$125 for the filing fees.

Please let me know if you have any questions regarding the enclosed.

Sincerek

Linda J. Fox

Manager, Franchise Administration

952-914-6755 (Phone)

952-914-6997 (Fax)

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT: TraveLeaders LLC | | | | | | |
| (Name of Lim | (Name of Limited Liability Company) | | | | | |
| | ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited | | | | | |
| Please return all correspondence concerning this n | natter to the following: | | | | | |
| Linda Fox | | | | | | |
| · (Na | ime of Person) | | | | | |
| | | | | | | |
| The Travel Franchise Grou | лр, LLC | | | | | |
| | rm/Company) | | | | | |
| · · | . • | | | | | |
| 6442 City West Parkway | | | | | | |
| | (Address) | | | | | |
| | | | | | | |
| Minneapolis, MN 55424 | | | | | | |
| (City/St | ate and Zip Code) | | | | | |
| | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Linda Fav | 050 044 0755 | | | | | |
| Linda Fox | at (_952) 914-6755 | | | | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | | | |
| MAILING ADDRESS: | STREET ADDRESS: | | | | | |
| Division of Corporations | Division of Corporations | | | | | |
| P.O. Box 6327 | Clifton Building | | | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | | | |
| | Tallahassee, FL 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| \$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Biling Fee & Biling Fee & Silence Certificate Copy of Status & 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 RUSINESS IN THE STATE OF FLORIDA:

| 1. | TraveLeaders LLC | | _ | |
|------------|---|----------|-------------------|--|
| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC. | ") | - | |
| co | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited ompany," "L.L.C.," "LLC.") | | | |
| ۷. | Delaware LLC (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) | | _ | |
| 4. | (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | | | |
| 6. | 3/5/2008 | | - 144 | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | 8 | - <u>D</u> | |
| 7. | 2151 S Le Jeune Rd Ste 300, Coral Gables, FL 33134 | AUG | | |
| | | 20 | SE | |
| | (Street Address of Principal Office) | 1 | - 13~이 | |
| 8. | If limited liability company is a manager-managed company, check here | AHII: 50 | 9,69 | |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | 99 | 37m | |
| | Michael Batt | | | |
| | 6442 City West Parkway | | - - | |
| | Minneapolis, MN 55424 | | _ | |
| the tra | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody cyurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languanslation of the certificate under oath of the translator must be submitted.) | | cords in | |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: Travel Services | | - | |
| | 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.) Michael Batt | | <u>.</u> . | |

Typed or printed name of signee

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 | f the Limited Liability Company is: | | |
|--|---|--|--|
| | TRAVELEADERS LLC | | |
| If name unavaila | lable, the alternate name to be used in the state of Florida is: | | |
| 2. The name an | nd the Florida street address of the registered agent and office are: | | |
| | Corporation Service Company | | |
| | (Name) | | |
| | 1201 Hays Street | | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | |
| | Tallahassee FL 32301 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, 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.

Deliorah D. Skipper
(Signature)

Deborah D. Skipper, Asst. VP

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRAVELEADERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF AUGUST, A.D. 2008.

4514070 8300

080830431

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6784242

DATE: 08-11-08

You may verify this certificate online at corp.delaware.gov/authver.shtml