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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

C. LEWIS

AUG 2 5 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CT:V	enaven Travel LLC	
	1	Name of Limited Liability Company	
			ransact Business in Florida," Certificate of ity company to transact business in Florida
Please re	turn all correspondence concerning this	matter to the following:	
		Victorio Damien Sam	
		Name of Person	
		Venaven Travel LLC	
		Firm/Company	
		336 Mindanao Drive	
		Address	
		Redwood City, CA 94065	
		City/State and Zip Code	
		vic@venaven.com	
	E-mail address	: (to be used for future annual report not	ification)
For further	er information concerning this matter, p	lease call:	
	Victorio Sam	at (650)	868-0216
	Name of Person	Area Code & Daytime Telephor	ie Number
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
	Registration Section	Registration Section	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclose	ed is a check for the following am	ount:	
۵	\$125.00 Filing Fee \$130.00 File	ling Fee & \$\ \text{155.00 Filing Fee & Certified Copy}	\$160.00 Filing Fee, Certificate 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 BUSINESS IN THE STATE OF FLORIDA:

1.	Venaven Travel LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2.	State of Delaware 3. 26-4469173 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
((Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	March 12th, 2009 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Will begin business in Florida after obtaining Seller of Travel Permit from Florida
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	336 Mindanao Dr, Redwood City, CA 94065
	(Street Address of Principal Office)
	(Street Address of Trineipal Office)
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:
	336 Mindanao Dr, Redwood City, CA 94065 - Victorio Sam
	A. 1. 12
the	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)
tra	nsization of the certificate under oath of the translator fittist be subtritued.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Travel Agency
	Signature of a member or an authorized representative of a member. PST (In accordance with section 608,408(3), F.S., the execution of this document constitutes
	Signature of a member or an authorized representative of a member.
	Victorio Damien Sam
	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 the Limited Liability Company is:	
Venaven Travel LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Victor Fung ASS 23	
(Name)	1
8128 NW 108 Court PSSS	T
Florida Street Address (P.O. Box NOT ACCEPTABLE)	\[\bar{c}\]
Victor Fung	
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 registere 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)	ed
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "VENAVEN TRAVEL 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. 2009.

4664676 8300

090770367

AUTHENTICATION: 7470304

DATE: 08-11-09

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