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SECRETARY OF STATE

B. BOSTICK JUN - 7 2011 EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Nam	ne of Limited Liability Company	
The enclosed "Application by Foreign Limited Liabi Existence, and check are submitted to register the ab	lity Company for Authorization to Transact Business in Floric ove referenced foreign limited liability company to transact but	da," Certificate of usiness in Florida
Please return all correspondence concerning this mat	tter to the following:	
	Gregory S. Rom	<del></del>
	Name of Person	
<u>M</u>	Moses and Schreiber, LLP	_
	Firm/Company	
3000	Marcus Avenue, Suite 1W5	
	Address	-
Lake	Success, New York, 11042	<i>"</i>
	City/State and Zip Code	
jzhao@mosesandschr	reiber com	475
E-mail address: (to	be used for future annual report notification)	<del>,</del> o
For further information concerning this matter, pleas	ee call:	proved.
Gregory S. Rom	at ( 516 ) 352-7700	9: 17
Name of Person	Area Code & Daytime Telephone Number	<del>_</del>
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amoun \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu	e & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certif	

## 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. Travel Management Initiatives LLC  (Name of Foreign Limited Liability Company; must include "Lin	mited Liability Company," "L.L.C.," or "LLC.")	-
(If name unavailable, enter alternate name adopted for the purpose of treconsent of the managers or managing members adopting the alternate n Company," "L.L.C," "LLC.")	ansacting business in Florida and attach a copy of the lame. The alternate name must include "Limited Liabi	_ written
2. <b>Conn</b> . 3. <u>26</u> .	-4183589	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	<del>-</del>
4. 1/23/09 5. (Date of Organization) 5. (Dex	Duration: Year limited liability company will cease to cist or "perpetual")	
6. 1/1/2011		
(Date first transacted business in Florida, i (See sections 608.501 & 608.502 F.S. to det	f prior to registration.) ermine penalty liability)	_
5472 SW Honeysuckle Court		COMPANY.
Palm City, FL 34990	93 6	ensumers ensumers
(Street Address of Prin		72 M T
8. If limited liability company is a manager-managed comp	<u> </u>	THE PARTY OF THE P
9. The name and usual business addresses of the managing	members or managers are as follows:	
Stephen J. Pello		_
5472 SW Honeysuckle Court		_
Palm City, FL 34990		_
10. Attached is an original certificate of existence, no more than 90 days ok the jurisdiction under the law of which it is organized. (A photocopy is not translation of the certificate under oath of the translator must be submitted.)	acceptable. If the certificate is in a foreign language, a	xcords in
11. Nature of business or purposes to be conducted or prom	noted in Florida: I ravel Manager	_
Signature of a member or an authoriz	wed representative of a member	_·
(In accordance with section 608.408(3), F.S., the execution of penalties of perjury that the facts stated herein are true. I am document to the Department of State constitutes a third Stephen J. Pe	f this document constitutes an affirmation under the aware that any false information submitted in a d degree felony as provided for in s.817.155, F.S.)	
Typed or printed name	e 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:		
Travel Management Initiatives 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:	₩ ₩ ₩	_
Stephen J. Pello	1 JUN	** 6 }
(Name)	ASSE ASSE	in the second of
5472 SW Honeysuckle Court		
Florida Street Address (P.O. Box NOT ACCEPTABLE)	9: 18 SIATE LORIDA	
Palm City FL 34990	D	
City/State/Zip	<del></del>	

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.

Styll Sulls
(Stenature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

#### TRAVEL MANAGEMENT INITIATIVES LLC

a domestic limited liability company, were filed in this office on January 27, 2009.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: June 02, 2011

11 JUN -6 AM 9: 18

Business ID: 0961152 Standard Certificate Number: 2011145690001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov



March 31, 2011

GREGORY S. ROM 3000 MARCUS AVENUE SUITE 1W5 LAKE SUCCESS, NY 11042

SUBJECT: TRAVEL MANAGEMENT INITIATIVES LLC

Ref. Number: W11000018274

We have received your document for TRAVEL MANAGEMENT INITIATIVES 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):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6028.

Letter Number: 911A00007802

Barbara Bostick Regulatory Specialist II

www.sunbiz.org