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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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Office Use Only



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B. BOSTICK

UUL 29 2011

EXAMINER

COVER LETTER

Registration Section

Divisio 🏂	on of Corporations					
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SUBJECT:	-+NTENNET	MAVEC	UALUFCES,	766		
		Name of L	imited Liability Company	,		
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Please return all	correspondence concerning t	this matter to	the following:			
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Divisio	on of Corporations	Divis	sion of Corporations		$\mathbb{Z}_{\mathbb{R}}^{2}$ ω	
Registr	ration Section	Regi	stration Section		A	
P.O. B	ox 6327	Clifte	on Building			
A lallana	assee, FL 32314		Executive Center Circle hassee, FL 32301			
Enclosed is a	check for the following	amount:				
	0 Filing Fee \$130.00 Fil	ling Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,	Certificate	
	☐ Certificate	of Status	Certified Copy	of Status & Certific	ed Copy	

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

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:
INTERNET TRAVEL SELVECES, LIC
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:
STEVE REYNOLDS (Name)
(Name)
5201 BIUE LAGOON DATUE - SUTTE 900 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
MIAMI FL 33/26 City/State/Zip
Add
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

\$ 30.00

5.00

\$ 25.00 Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "INTERNET TRAVEL SERVICES, LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF MAY, A.D. 2011, AT 2:37 O'CLOCK P.M.

SECREDARY OF STATE

4976482 8100

110480136

AUTHENTY CATION: 8733460

DATE: 05-03-11

You may verify this certificate online



July 5, 2011

GARY C. GOODLIN 5201 BLUE LAGOON DRIVE SUITE 900 MIAMI, FL 33126

SUBJECT: INTERNET TRAVEL SERVICES, LLC

Ref. Number: W11000035679

We have received your document for INTERNET TRAVEL SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Name of Registered Agent not listed.,

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.

Barbara Bostick Regulatory Specialist II

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Letter Number: 311A00016040