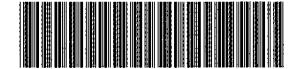
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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TravelLogistix, LLC		
	of Limited Liability Company	•
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida e referenced foreign limited liability company to transact bus	" Certificate of iness in Florida
Please return all correspondence concerning this matter	r to the following:	
Capitol Services Corporate		
	Name of Person	
Capitol Services, Inc.		
	Firm/Company	
800 Brazos, Suite 400		
	Address	
Austin, TX 78701		
	City/State and Zip Code	ı
rkumpf@tsiusa.com		IMPORTANT: The email address
E-mail address; (to I	oc used for future annual report notification)	entered here will be utilized for future
For further information concerning this matter, please	call:	ANNUAL REPORT NOTIFICATIONS!!
Richard S. Kumpf	at 214 915-9010 Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
Division of Corporations Registration Section P.O. Box 6327 Taliahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, PL 32301	
Enclosed is a check for the following amount \$125.00 Filing Fee Certificate of Status	& \$155.00 Filing Fee & \$160.00 Filing Fee, Certification	

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:

	Troyall agistiv 11 C
Ι.,	TravelLogistix, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇOI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ampany," "L.L.C," "LLC.")
2.	Delaware 3.
7	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	January 15, 2013 5, perpetual
•••	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6,	
	(Date first transacted business in Florida; if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	5201 Blue Lagoon Dr., Suite 917
	Miami, Fl. 33126
	(Street Address of Principal 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:
	Richard S. Kumpf
	8111 LBJ Freeway, Suite 900
	Dallas, Texas 75251
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 nuslation of the certificate under eath of the translator must be submitted.)
ł ł	. Nature of business or purposes to be conducted or promoted in Florida: travel services
	Kichard V. Slay
	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. I am aware that any false Information submitted in a
	document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	Richard S. Kumpf

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.

If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida street address	s of the registered agent and office arc:				
Capitol Corporate Ser	rvices, Inc.				
	(Name)	••			
155 Office Plaza Dr	Ste A				
Florida Street Ad	ddress (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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRAVELLOGISTIX, 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 FIRST DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID
"TRAVELLOGISTIX, LLC" WAS FORMED ON THE FIFTEENTH DAY OF
JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5274924 8300

DATE: 02-01-13

AUTHENTICATION: 0185847

130118345
You may verify this certificate online at corp. delaware. gov/authver. shtml