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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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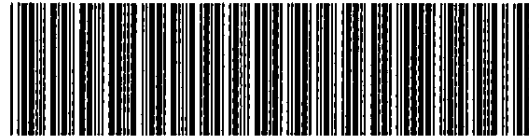
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/14--01018--002 **160.00

14 MAY -5 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 12 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Serendip Edu LLC D-B-A Orlando Tours International LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Gonzalo Calderon

Name of Person

Orlando Tours International LLC

Firm/Company

1750 St. Charles Ave. - Suite 434

Address

New Orleans, LA 70130

City/State and Zip Code

gonzalocalderon@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gonzalo Calderon

Name of Contact Person

504

Area Code

723-4043

Daytime Telephone Number

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 amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Serendip Edu LLC d-b-a Orlando Tours International LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Louisiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 90-0658844

(FEI number, if applicable)

4. Prospected date May 15, 2014

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1750 St. Charles Ave. - Suite 434

New Orleans, LA 70130

(Street Address of Principal Office)

6. same as above

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

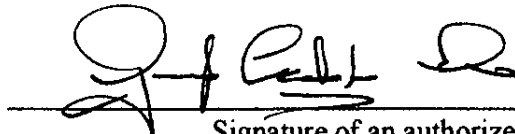
Gonzalo Calderon - Managing member

1750 St. Charles Ave. - Suite 434

New Orleans, LA 70130

14 MAY - 5 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Gonzalo Calderon

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Orlando Tours International LLC

If unavailable, the alternate to be used in the state of Florida is:

Serendip Edu LLC

2. The name and the Florida street address of the registered agent and office are:

Luis Espinel

(Name)

495 Grand Blvd. - Suite 206

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miramar Beach

FL 32550

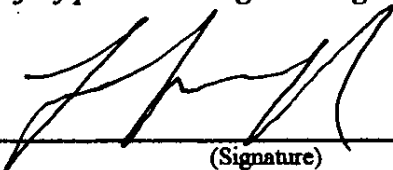
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

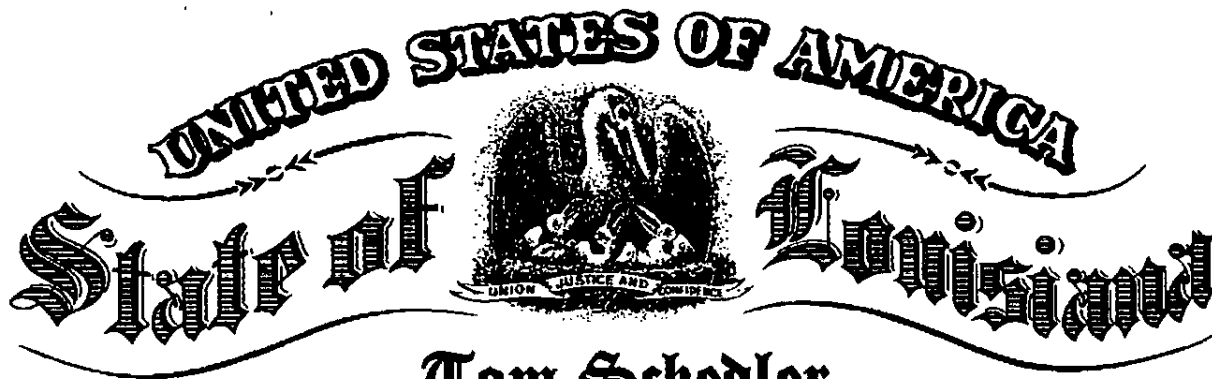
14 MAY -5 AM 10:25

FILED

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 605, Florida Statutes.


(Signature)

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



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

SERENDIP EDU LLC

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 15, 2011,

I further certify that no Certificate of Dissolution has been issued.

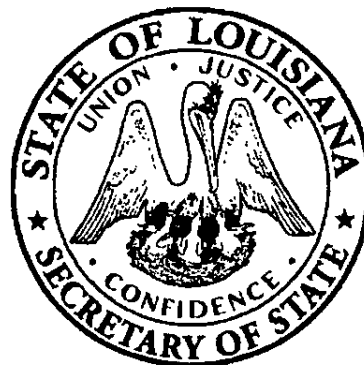
FILED
14 MAY -5 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 23, 2014

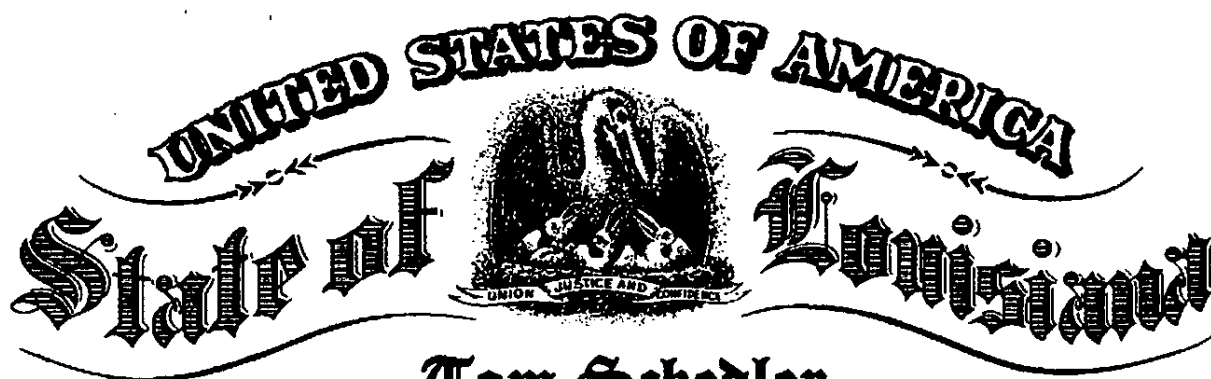
Secretary of State

Web 40429683K



Certificate ID: 10484127#JHH62

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

SERENDIP EDU LLC, located at 1750 ST CHARLES AVE, APT 434, NEW ORLEANS, LA 70130,

Has filed for record in this department an application for the trade name

ORLANDO TOURS INTERNATIONAL

Which was first used in the State of Louisiana on February 03, 2014,

Said application was filed and recorded in this Office on February 03, 2014, which recordation is for a term of ten years from the date hereof.

FILED
14 MAY - 5 AM 10:25
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 3, 2014

Secretary of State



Certificate ID: 10458372#NJ62

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov

WEB 64-9672

**Louisiana Secretary of State
Certificate Validation**

Certificate ID: 10484127#JHH62

A Certificate was issued by the Louisiana Secretary of State, having a Certificate date of **04/23/2014**, pertaining to the entity **SERENDIP EDU LLC**, identified by entity charter number **40429683K**.

Enter New Cert ID

**Louisiana Secretary of State
Certificate Validation**

Certificate ID: 10458372#NJ62

A Certificate was issued by the Louisiana Secretary of State, having a Certificate date of 02/03/2014, pertaining to the entity **ORLANDO TOURS INTERNATIONAL**.

Enter New Cert ID