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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: ULtimate Excursions LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:	
Name of Person	
Litimate Excursion LC Firm/Company	
1600 Airport Freeway Suite # 328	
Bed Ford, 1x. 76022 City/State and Zip Code	
Lourustimate travellife equal. Com E-mail address: (to be used for auture annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (817) 508-0858 Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton Building	

P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2661 Executive Center Circle Tallahassee, FL 32301



November 4, 2015

GARRY L. MCDONALD 1600 AIRPORT FREEWAY, SUITE #32B BEDFORD, TX 76022

SUBJECT: ULTIMATE EXCURSIONS LLC

Ref. Number: W15000072689

We have received your document for ULTIMATE EXCURSIONS 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Letter Number: 715A00023343

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

HP LASERJET FAX

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

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. (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 J.L.C.")
2. Red Ford Acces 3. 46-5739210 (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
(Date first trapsacted business in Florida, if prior to registration.) (See sections 665.0904 & 605.0905, F.S. to determine penalty liability)
5. Na business Aransacted Let
7813 N. Pavis Blvd.
(Street Address of Principal Office)
6. Kensacola, F.L. 32514
1600 Airport Freeway Suite # 328 Bostons, 1x. 76022 at 160
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CHARUES C. FREY
Office Address: 7767 CASASIA CT
(City), Florida 32835 (Zip code)
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Isarry Mc Donald - CFO
1600 August Freeway Sute # 328
Best Jard, Ix. 76022
9. Attached is a 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. (If the certificate is in a fereign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
Tarry Mc Donald Typed or printed name of signee





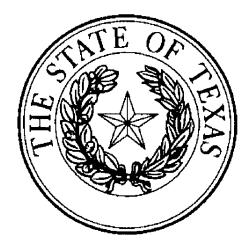
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ultimate Excursions limited liability company (file number 801991283), a Domestic Limited Liability Company (LLC), was filed in this office on May 16, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 28, 2015.



Carlos H. Cascos Secretary of State

Dial: 7-1-1 for Relay Services