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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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FLORIDA DEPARTMENT OF STATERA Division of Corporations

January 15, 2016

MICHELLE LIVINGSTON 13 DAVID LANE SANDOWN, NH 03873

SUBJECT: JET SET TRAVEL PLANNERS LLC

Ref. Number: W16000002871

We have received your document for JET SET TRAVEL PLANNERS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 216A00001005

COVER LETTER

	on of Corporation	ns					
SUBJECT:	et Set Travel Pla	nners LLC					
		Name of I	Limited Liability	Company		-	
		eign Limited Liability Comp d to register the above refero					
Please return al	l correspondence o	concerning this matter to the	following:				
	Michelle Living	gston					
		Na	ame of Person		· · · · · · · · · · · · · · · · · · ·	-	
	Jet Set Travel Planners LLC						
	Firm/Company						
	13 David Lane	•					
			Address	- • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , ,	_	
	Sandown, NH 03873						
					200 B	-	
						. Agrang Red	
		E-mail address: (to be used	I for future annua	l report notification)	NSS -	- 100 (140)	
For further info	rmation concernin	g this matter, please call:			E S		
Michelle Livingston		603 at (867-2081	- S : : : : : : : : : : : : : : : : : :			
	Name o	f Contact Person	Area Códe	Daytime Tele	phone Number	-	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314							
	neck for the follow 5.00 Filing Fee	ing amount: \$\Bigsim \text{S}\$130.00 Filing Fee & Certificate of Status}	□ \$155.00 Filio Certified Copy		.00 Filing Fee, C s & Certified Co		

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

IN COMPILANCE 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:

Jet Set Travel Planners						
(Name of Foreig	n Limited Liability Company; must include "Limited Li	ability Company	," "L.L.C.,"	or "LLC.")	
(If name unavailable, enter alte Liability Company," "L.L.C," (rnate name adopted for the purpose of transacting busine or "LLC.")	ess in Florida. Th	ne alternate r	ame must	include	"Limited
2. New Hampshire	3. 47-1606148					
(Jurisdiction under the law of company is organized)	f which foreign limited liability	(FEI number, if applicable)				
4. N/A						
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to determine	lo registration.)	tv)			
5. 13 David Lane	(See Rections 10/3/17/04 & 105/17/05, 17.6, to determine	ponany naom	• • • • • • • • • • • • • • • • • • • •			
Sandown, NH 03873						
	(Street Address of Principal Office)					
5. PO Box 658						
East Hampstead, NH	03826			31 ₀₀	20:	
	(Mailing Address)			155	=	cocce rna
7. Name and street address	of Florida registered agent: (P.O. Box NOT accep	otable)		EE E	833	1. j
Name:	REGISTERED AGENTS INC.	· 		£	င္သ	Many colorand
Office Address:	3030 N. Rocky Point Drive, STE 150A				ס	
	TAMPA	, Florida3	33607	野科		
Registered agent's accepta	(City)		(Zip code)))-	w	
his application, I hereby ac		ee to act in thi	s capacity. ties, and I	I further am famili	agree i iar with	to comply and acce
	(Registered agent's signature)				
8. The name, title or capaci	ity and address of the person(s) who has/have author	rity to manage	is/arc:			
Michelle Livingston-Owne	er/Manager-13 David Lane, Sandown, NH 038	326				
					_	
				· · · · · · · · · · · · · · · · · · ·		
	f existence, no more than 90 days old, duly authents which it is organized. (If the certificate is in a fore mitted) Signature of an authorized person	ign language, a				
	Signature of an authorized person	on				
This document is executed is submitted in a document to t	n accordance with section 605.0203 (1) (b), Florida he Department of State constitutes a third degree fe	Statutes, I am lony as provide	aware that a	ıny false i 17.155, F	nforma .S.	tion

Typed or printed name of signee

Michelle Livingston

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Jet Set Travel Planners LLC is a New Hampshire limited liability company formed on August 22, 2014. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 29th day of January, A.D. 2016

William M. Gardner Secretary of State