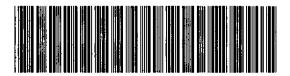
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SECRETARY OF STATE

HAR LT TON LARRIS

COVER LETTER

	ion of Corporatio	ns				
UBJECT: _	Safe Harbors Busin	ess Travel, LLC				
		Name of	Limited Liability	Company		•
		reign Limited Liability Com ed to register the above refer				
ease return a	ill correspondence	concerning this matter to the	following:			
	Robert G Beck	ter				
		N	lame of Person			•
	Travel Equity	Partners, LLC				
		F	irm/Company			•
	8000 W 78th S	t, Suite 110				
	····		Address	· · · · · · · · · · · · · · · · · · ·		•
	Edina, MN 554	1 39				
		City/S	State and Zip Code			•
	bbecker@traveq	uity.com				
	· 	E-mail address: (to be use	d for future annual	report no	tification)	
or further info	ormation concernir	ng this matter, please call:				
Robe	rt G Becker		952 at (238-10	00	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	check for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ıg Fee &	■ \$160.00 Filing Fee, Cof Status & Certified Co	

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Safe Harbors Business Travel, 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 "El.C.") 2. Delaware 30-0882033 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) January 1, 2016 (Date first imasseted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) REEMANVILLE RE 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxabatchee, FL (City) 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 registired ippis on behalf of InCorp Services, Inc. 8. The name, title or copacity and address of the person(s) who has/have authority to manage is/are: OCK, MANAGINE GA 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 foreign 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. Robert G Becker - FQ Typed or printed name of signee

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAFE HARBORS BUSINESS TRAVEL, 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 THIRD DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFE HARBORS BUSINESS TRAVEL, LLC" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201927302

Date: 03-03-16

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