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() Nonprofit

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

The Upside Travel Company, LLC

() Foreign	( ) Amendment	() Merger
() Limited Partnership	() Dissolution/Withdrawal	( ) Mark
(X) LLC	() Reinstatement	
Formation	() Annual Report	() Other
	() Name Registration	
() Certified Copy	() Fictitious Name	() UCC
() Call When Ready		() CUS
(x) Walk In	() Photocopies	
() Mail Out		( ) After 4:30
	( ) Call If Problem	(x) Pick Up
Name	() Will Wait	
Availability		
Document	3/29/2016	Order#:
Examiner		9938989
Updater	KM	
Verifier		Ref#:
W.P. Verifier		
		Amount: \$

The Upside Travel Company, LLC

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Updater	KM	
Verifier		Ref#:
W.P. Verifier		
		Amount: \$

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARRIET COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l. The Upside Travel Con	opany, LLC			
(Name of Fore	ign Control Cability Company; must include	"Limited Liability Company," L.L.C.	or LLC.")	<del></del>
(If name unavailable, enter al	ternate name adopted for the purpose of transc	cting business in Florida. The alternate	panse norst include	* Limited
Liability Company," "L.L.C."	-	2-0488731		
2 De (Parisdiction under the law company is organized)	of which foreign limited hability	(PEI number, if applica	ble)	<del></del>
4. Upon Qualification				
	(Date first transacted business in Floo (See sections 605.0004 & 605.0005, F.S.	ida, if prior to registration.) . to determine penalty liability)		
5_ 1602 L Street NW, 2m	d Floor			
Washington, D.C. 2003	16			
	(Street Address of Principal (	Mire)		
6. same as above				
	(Mailing Address)			
7. Name and street addres	s of Florida registered agent. (P.O. Box	NOT acceptable)		
Nime:	CT Corporation			
Office Address:	1200 S Pine Island Rd			
Olice June 1937.	Plantation	33324		
	(City)	, Florida (Zip code)	)	
designated in this applicate to complywith the provini	gistered agent and to accept service of putien, I hereby accept the appointment as tons of all statutes relative to the proper a my position as registered agent.  Jordan	registered agent and agree to act is	n this capacity. I	further agree
	(Registered ages	('s signature)		
8. The name, title or cap	acity and address of the person(s) who has	/have authority to manage is/ere:		6 ⊒⊑
Jay Scott Walker -Cha	airman - 1602 L Street NW, 2nd Floo	r, Washington D.C. 20036	<u> </u>	\$ 11
			SSE	29 1944
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, d of which it is organized. (If the certificate	uly authanticated by the official have is in a foreign language, a translation	ing custody of re-	cours in the
or the nativities many of 2	www.		μF	
	Signature of an aut	horized person	<del>-</del>	
	d in accordance with section 605.0203 (1)	(b), Florida Statutes. I am aware tha		ution
PROMINERS IN E. GOCCHIESE V.	o the Department of State constitutes a this Jay Scott Walker	e sector remail in high more an in p	wa ciasay Sid.	
	Typed or printed na	me of signer		

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "THE UPSIDE TRAVEL COMPANY, 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 TWENTY-EIGHTH DAY OF MARCH, A.D. 2016.

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

16 MAR 29 AM IO: 26
SECRETARY OF STATE
TATE AHASSES FLORID

Jeffrey W. Budiocs, Secretary of State

Authentication: 202054352

Date: 03-28-16

5989292 8300 SR# 20161921264

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