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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2016

GASTON BLANCHET 600 NE 36TH ST PH26 MIAMI, FL 33137

SUBJECT: MARLON TRAVEL LLC Ref. Number: W16000064520

We have received your document for MARLON TRAVEL 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):

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.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 816A00019999

COVER LETTER

:O:		ration Section on of Corporation	s				
TIR TI	MECT:	larlon TraveILLC					
CDJ			Name of	Limited Liability	Company		
						ansact Business in Florida," y company to transact busin	
lease	return al	l correspondence c	oncerning this matter to the	following:			
	r.	GastonBlanch	et				
, 1	t		N	ame of Person			
		Marlon Travel	LLC				
•		Firm/Company					
	i.	600NE 36th S	PH26				
				Address			
1:	•	Miami, FL 331	37 .				
		City/State and Zip Code					
.;		team@marlonti	ravel.co				
			E-mail address: (to be use	d for future annua	report no	tification)	
or fur		rmation concernin	g this matter, please call:				
1.13	Gasto	onBlanchet		305 at (744-1	261	
		Name o	f Contact Person	Area Code	Day	ytime Telephone Number	
,	Division Registre P.O. B	ING ADDRESS: on of Corporations ration Section tox 6327 assee, FL 32314			Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclos		neck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Coof Status & Certified Cop	

11.4674

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Marlon TravelLLC					
	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	"LLC.")		
Marion LLC		234 11 274			.
(If name unavailable, enter all Liability Company," "L.L.C,	ternate name adopted for the purpose of transa" or "LLC.")	acting business in Florida. The alternate nar	ne must incl	lude "I	imited
2. Delaware	3 8	1-3178143			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		_
4.			<u> </u>	1 6	*
· ·	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	ida, if prior to registration.)		8	
5. 600 NE 36th St PH26	(010 01000000 0000000000000000000000000	. to determine penanty habinty)		<u>-</u>	777
:			- 464	2	
Miami, FL 33137	(Street Address of Principal C	Define)	- 1112. - 141	PH	
600NE 36th St PH26	(Succe Address of Finespare	Jinee)	5	ի։ կ 5	
0			- 흜딞	Ç.	
Miami, FL 33137			_		
	(Mailing Address)				
	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	GastonBlanchet				
Office Address:	600 NE 36th St PH26				
; - 5	Miami	, Florida 33137	_		
_ ** .	(City)	(Zip code)	_		
designated in this applica to complywith the provision	gistered agent and to accept service of praction, I hereby accept the appointment as ons of all statutes relative to the proper any position as registered agent.	registered agent and agree to act in th	is capacity	I fu.	rther agree
	Blub				
	(Registered agen	l's signature)			
8. The name, title or capa	acity and address of the person(s) who has	/have authority to manage is/are:			
GastonBlanchet,Owner,	600NE 36th St PH26Miami FL 33137				
JessePotashOwner,221	HaidePl EastIslip NY 11730				
₹4.		· · · · · · · · · · · · · · · · · · ·			
	of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)				
	Co Blut	, >			
	Signature of an auth	norized person	-		
This document is executed submitted in a document to	in accordance with section 605.0203 (1) to the Department of State constitutes a thir	(b), Florida Statutes. I am aware that an d degree felony as provided for in s.817	y false info 7.155, F.S.	rmatic	n
e ^e	Blu	>	_		
•	Typed or printed nar	ne of signee			

* *****1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MARLON 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 OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARLON TRAVELL"

LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2016.

16 OCT 12 PH 4: 45

6096126, 8300 SR# 20165921011

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

Authentication: 203099730

Date: 10-03-16