

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cir	ty/State/Zip/Phone	#)
•	•	,
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	ne)
(Do	ocument Number)	
•	·	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	Oi Otatus
Special Instructions to	Filing Officer:	
		1

Office Use Only



700292865757

12/05/16--01032--027 **160.00

DEC 0 7 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: Kindly	Compass Tr	ave Limited Liability Company		
The enclosed "Application by Fo Existence, and check are submitt				
Please return all correspondence	concerning this matter to the	following:		
¥	atherine C	ulclasure		
	Kindly Corn	DOS TRAVE		
16	ololog John f	Address Dry	i	IS DEC -
	tairfax, PA	22032 tate and Zip Code		FELT LOS
- Kcul	E-mail address: (to be used	ind LOMO for future annual report he	asstrave lo confication	28 (S)
For further information concerning	ng this matter, please call:	4 . "		
Katherine (of Contact Person	at (974) 52 Area Code Da	13-438 Z Lytime Telephone Number	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301	
Enclosed is a check for the follows ☐ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Co of Status & Certified Cop	

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. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	FOREIGN LIMITED LIABILITY
1. Kindly Cownolss Trayel Li (Name of Foleign 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 nan Liability Company," "L.L.C," or "LLC.")	ne must include "Limited
2. Vi (Qinique (Jurisdiction Inder the law of which foreign limited liability company is organized) 3. 47-159833 (FEI'number, if applicable)	h
4(Date first transacted business in Florida, if prior to registration.)	<u>.</u>
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. /0669 TO AM PLANS OF THE SECTION OF THE	
7. 1000 XX 22622	_
(Street Address of Principal Office)	-
6. 10669 John Ayes Drue	- 16 L
- Fairfax, VA 22032 (Mailing Address)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	-5 -5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
Name: Sharon Lausson	# 77 \$\frac{1}{2}\$
Office Address: 1118 30th Street Court East	: 28
Brudenton, Florida 34208	_
(City) (Zip code) Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated limited liabil designated in this application, I hereby accept the appointment as registered agent and agree to act in this complywith the provisions of all statutes relative to the property of the provisions of all statutes relative to the property of the provisions of all statutes relative to the property of the provisions of all statutes relative to the property of the provisions of all statutes relative to the provisions of the provis	is capacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent.	, ana 1 am jamusar wun ana
Sharon Kaulson (Registered agent's signature)	-
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Katherine Lulclasure, Dwiner/Mana	
10106 9 John Aines Assul	a contract of the contract of
Faulax, VA 22032	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having a jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of of the translator must be submitted)	custody of records in the the certificate under oath
Latherine 5- Culclusies. Signature of an authorized person	-
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.	r false information 155, F.S.
Typed or printed name of signee	-

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Kindly Compass Travel LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is August 19, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

SEURETARY OF STATE



Signed and Sealed at Richmond on this Date: December 2, 2016

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1612025615