

M17000000217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

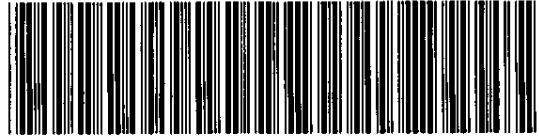
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 10 2017
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DEPT. RECEPTION
17 JAN -9 PM 4: 19

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SECRETARY OF STATE
TALLAHASSEE, FL
17 JAN -9 AM 9: 01

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 449349 8113207
AUTHORIZATION : *[Signature]*
COST LIMIT : \$125.00

ORDER DATE : January 5, 2017
ORDER TIME : 1:49 PM
ORDER NO. : 449349-005
CUSTOMER NO: 8113207

FOREIGN FILINGS

NAME: THE RELAXED EXPLORER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

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SECRETARY OF STATE
TALLAHASSEE, FL
17 JAN -9 AM 9:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Relaxed Explorer
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following.

Patti Hartman
Name of Person
The Relaxed Explorer, LLC
Firm/Company
672 Scenic Ridge Drive
Address
Veneria, PA 15367
City/State and Zip Code
Patti@therelaxedexplorer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Hartman at (412) 386-8732
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The Relaxed Explorer, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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 "LLC.")

2. PA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3276202
(FEI number, if applicable)

4. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 672 Scenic Ridge Drive
Venetia, PA 15367
(Street Address of Principal Office)

6. same as above
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David Link

Office Address: 606 SPRING CREEK BLVD.
AUTUMN SPRINGS, Florida 32714
(City) (Zip code)

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 comply with 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 registered agent.

[Handwritten Signature]

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Patti Hartman -Member 672 Scenic Ridge Drive Venetia, PA 15367

Kelley Pearson -Member 672 Scenic Ridge Drive Venetia, PA 15367

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)

[Handwritten Signature]
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.

Patti Hartman

Typed or printed name of signer

FILED
STATE
TALLAHASSEE
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

01/05/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

The Relaxed Explorer, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

17 JAN -9 AM 9:02

SECRETARY'S OFFICE
HALL OF MONUMENTS
HARRISBURG, PA 17133



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC170105110858-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>