M17000003484

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
W17808819215							

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FILED
2017 NAR 23 P 5: 14
SECRETARY OF STATE

D. BRUCE MAR 23 2017



March 7, 2017

ERIC M. RAHN 902 CLINT MOORE ROAD, STE 216 BOCA RATON, FL 33487

SUBJECT: TRAVEL LIGHT, LLC Ref. Number: W17000019215

We have received your document for TRAVEL LIGHT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 917A0000

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: RA	vel-Ligi	ht, LLC Limited Lie billy Co			
	Name of	Limited Lie oil y Co	ompany		
The enclosed "Application by Foreign Lin Existence, and check are submitted to reg					
Please return all correspondence concerni	ng this matter to the	e following:			
	ERIC A	Y. RAHN Name of Person			
	1	Name of Person			
	TRAVEL.	Light, LL	c		
	F	irm/Company			
902 Ci	INT HOOR	e Rono (Address	STE 216		
		Address			
<i>Be</i>	CA RATO	State and Zip Code	33487	7	
	City/S	State and Zip Code			
	ER	ICCG-R ed for future annual r	o.com	ZOTA TALL	
E-mai	l address: (to be use	ed for future annual r	eport notification)		ادات.
For further information concerning this m	atter, please call:			MAR 2	FILED
ERIC RAHA	/	at (_ 561_ _) Area Code	-80	m. γ ω 7- 7349 π	П
Name of Conta	et Person	Area Code	Laytime Telep	hone Kumber 41	
MAILING ADDRESS:			STREET ADDRES		
Division of Corporations Registration Section			Division of Corpora Registration Section		. •
P.O. Box 6327		(Clifton Building		
Tallahassee, FL 32314			2661 Executive Cen Fallahassee, FL 323		
Enclosed is a check for the following amo					_
	0.00 Filing Fee & ficate of Status	\$155.00 Filing Certified Copy		00 Filing Fee, Certi & Certified Copy	ficate

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

IN COMPLIANCE WITH SECT. COMPANY TO TRANSACT BUS				OWING ISS	SUBM I TTED	TO REGISTER .	A FOREIC	GN_LIMITTS	ED LIABILITY
(Name of Forei	7VE/-LIGhT gn Limited Liabylity Co	ompany; mus	st include "Li	imited Liah	oility Compar	ıy," "L.L.C.," (r "LLC.'	<u> </u>	_
(If name unavailable, enter alto Liability Company," "L.L.C."	ernate name adopted fo	r the purpose	e of transactin	ng busines	s in Fforida. '	The alternate na	me must	include "L	imited
~				46	-28/0	714			
2. <u>Je / A W A R</u> (Jurisdiction under the law of company is organized)	of which foreign limited	l liability	3. <u></u>		(FEI numb	7/4 per, if applicabl	e)		
4	Feb	RUARY	110,0	2017	7				
	(Date first trans (See sections 605.	acted busine 0904 & 605.	ess in Florida, .0905, F.S. to	, if prior to determine	registration. penalty liab	llity)			
5. TRA	avel-Light	LL	<u> </u>				_		
902	avel - Light Clint Moor (Sirect	e Ro Address of I	Suite e	216	BOCA	RATON	FI	33 Y 0	87
6							_		
	5A	me-A	<u> </u>	ove					
		(Mailing /	Address)		-		_ 글		
7. Name and street address	of Florida registered	l agent: (P.	.O. Box <u>NC</u>	<u>OT_</u> accepta	able)		SEC:	2017 MAR	~~
Name:	ERIC RAMI	<u></u>			_		HAT A	NAR.	FILE
Office Address:	902 CLINT	- Moor	ee Rd	STE	216		SSEI	23	
	BOCA RATO	N,			_, Florida _	33487 (Zip code)	- F. C.	σ	
		(City)				(Zip code)	OR RO	άı	
Registered agent's acceptation in the Registered agent's acceptation in the Register Register agent as registered as registered as registered agent's acceptation and acceptation and acceptation and acceptation acceptation and acceptation acceptat		accept seri	vice of proce	ess for the	e above stat	ed limited lia	bille co.	— mp u ny at	the place
designated in this applicati to complywith the provision	ion, I hereby accept :	the appoint	tment as reg	gistered ag	gent and ag	ree to act in t	hís capa	icity. I fu	rther agree
accept the obligations of m				complete	perjorman		,	uni yuni	***************************************
			Wal	l l					
-		(Regist	ered agent's	signature)					
8. The name, title or capac	city and address of th	ie nerson(s)	who bas/ba	ive author	ity to manas	ge is/are:			
	Netta . Kenno	oth H	ertz		cotal				
 Attached is a certificate of jurisdiction under the law of the translator must be sulper. 	of which it is organize								
		Simons	NR	ah		·	_		
		U	of an authori	•					
This document is executed submitted in a document to	in accordance with so the Department of St	ection 605.0 ate constitu	0203 (1) (b). ites a third d	, Florida S legree fele	Statutes. I ar my as provi	n aware that a ded for in s.8	ny false 17.155, l	informatie F.S.	on

ERIL RAHN
Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRAVEL - LIGHT 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAVEL - LIGHT LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 2013.

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

Authentication: 202058799

Date: 02-17-17

5330332 8300 SR# 20171011627