1417000003584

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Dd	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Creative Ch	Name of Limited Liability Company
	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this m	atter to the following:
Creature	Joan Jangstuota Name of Person Lasters International otrace
	Firm/Company LLC Address
N.F	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, plea	ise call:
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: \$\forall \forall \forall 125.00 \text{ Filing Fee} \text{\$\subset \$\subset \$\subset \$\subset\$ \$\subset\$ \$\subset\$ \$\subset\$ \$\column{certificate of S}\$	

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

f name unavailable, enter alternate name ac	dopted for the purpose of transacting business	in Florida. The alternate name	must include "Limited Liab	ility Company," "L.L.C," or "LLC.")
DC		3		
(Jurisdiction under the law of which fo	oreign limited liability company is organized)		(FEI numb	er, if applicable)
•	(Date first transacted business in Florida if no	rior to registration		<u> </u>
111 01.2	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	determine penalty liability)		
. (Street Address of Princip	on Office)	6	(Mailing Addr	ess)
N. F1.	Myers H.			
	23917			THE THE BUTTON
. Name and street address of	Florida registered agent: (P.O.	Box NOT acceptable	e)	
Name:	pan Lang	STrOTA		
Office Address:	11.1			
<u></u>	1) 14 11	. 006	Florida <u>33</u>	917
	(City)	/ 21 /	(Zip code	/
	of all statutes relative to the pro-		enjarmunice of may .	
nd accept the obligations of	Joun	gent's signature)		Name and Address:
nd accept the obligations of a	(Registered as	gent's signature) no has/have authority Title or Ca		Name and Address:
nd accept the obligations of a	and address of the person(s) when Name and Address:	gent's signature) no has/have authority Title or Ca		Name and Address:
nd accept the obligations of a	and address of the person(s) when Name and Address:	gent's signature) no has/have authority Title or Ca		Name and Address:
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nd accept the obligations of a comment of the second of th	and address of the person(s) when Name and Address:	gent's signature) no has/have authority Title or Ca		Name and Address:
B. The name, title or capacity Title or Capacity: MAN Dely Use attachments if necessary	and address of the person(s) when Name and Address:	gent's signature) no has/have authority Title or Ca Title 17	apacity:	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CREATIVE CHARTERS INTERNATIONAL &

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 TWENTIETH DAY OF APRIL, A.D.

2017.

Authentication: 202410624

Date: 04-20-17

6132592 8300 SR# 20172670987