## MIT 00 000 4667

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | dress)             |             |  |  |
| (Ad                                     | ldress)            |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Ви                                     | siness Entity Nar  | ne)         |  |  |
| (Do                                     | ocument Number)    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
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Office Use Only



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#### FLORIDA DEPARTMENT OF STATE DEVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited hability company to transact business in Florida. The requirements are as

Pursuant to a 605 0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company areast submit certificate of existence, no move 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 translation must be submitted.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State if the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida. (<u>II</u>)
- (E) The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "L.L.C."

A preliminary search for name availability can be made on the Internet through the Division's records at www.suntiz.org. Preliminary name warches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

#### The fees to register are as follows:

- \$ 100.00 Filing Fee for Application
  \$ 25.00 Designation of Registered Agent
  \$ 30.00 Certified Copy (optional)
  \$ 5.00 Certificate of Status (optional)

Innortant Information About the Regaltement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$118.75 After May 1st \$4000 tast fee is added to the annual report filing fee "Annual Remoder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, you to our website at <a href="https://www.nupbiz.org">https://www.nupbiz.org</a>. There is no provision to waive the late fee. Be sare to file before May 1st.

A letter of auknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the films fee and any optional certificate or copy

A COVER letter should be subtraited along with the application, certificate, and check. The mailing address and couner address

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051

MALLING ADDRESS; Division of Corporationa Regularation Section P.O. Box 6327 Tullahassee, Fl. 32314

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

#### **COVER LETTER**

TO:

| TO: Registration Section Division of Corporation   | ns   |  |   |
|--|--|--|---|
| SUBJECT: THIN  | BLUE LINE Name of  | TRAVEL, LL                                     | <u>C</u>  |
|  | Name of  | Limited Liability Company                      |   |
|  |  |  | ansact Business in Florida," Certificate of y company to transact business in Florida |
| Please return all correspondence   | concerning this matter to the                                  | following:                                     |   |
| DA   | VID MAGNEL   | I  |   |
|  | Na   | ame of Person                                  |   |
| THIN   | 1 BLUE LINE T  | RAVEL, LIC                                     |   |
|  | Fi   | rm/Company                                     |   |
| 327 E  | RIDGEVILLE BL  | Address Moun                                   | T AIRY, MD 21771  |
| mount  | ASRY MD City/S   | 2177/<br>tate and Zip Code                     |   |
| DAVID  | @THINBUELINE<br>E-mail address: (to be used                    | TRAVEL. COM                                    | tification)   |
| For further information concerning   | ng this matter, please call:                                   |  |   |
| DAVID MAGA   | KUA<br>of Contact Person                                       | at (240 ) 27<br>Area Code Day                  | 1-9190<br>vtime Telephone Number  |
| MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 |  | Division<br>Registrat<br>Clifton E<br>2661 Exc | of Corporations cion Section Building ecutive Center Circle see, FL 32301             |
| Enclosed is a check for the follow ☐ \$125.00 Filing Fee   | ving amount:<br>\$130.00 Filing Fee &<br>Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy         | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy                         |

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

|  | TTON 605.0902, FLORIDA STATUTES, THE<br>USINESS INTHE STATE OF FLORIDA:  | FOLLOWING IS SUBMITTED TO REGIST.  | ER A FOREIGN LIMITED LIABILITY                                   |
|--|--|--|--|
| 1. THIN BLU (Name of Foreign   | E UNE TRAVEL, LLC<br>Limited Liability Company; must include "Lin  | nited Liability Company," "L.L.C.," or "LLC.")   |  |
| (If name unavailable, enter alternate n  | name adopted for the purpose of transacting business in  | Florida. The alternate name must include "Limited Liab   | oility Company," "L.L.C," or "LLC.")                             |
| 2. CARROLL C<br>(Jurisdiction under the law of w   | COUNTY MP<br>nich foreign limited/imbility company is organized)   | 3. 46-2075935<br>(FEI numb   | er, if applicable)   |
| 4. WA  |  |  |  |
|  | (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete                 |  | 101 - M M 10   |
| 5. 327 E RIDGEN  | MUK BLUD #/49 Principal Office)  | 6. 327 E KIDGEV  | ress)  |
| MOUNT AIRY,  |  | 6. 327 E RIDGEN (Mailing Addr MULLIT AIRY, )   | mD 2177/   |
| 7. Name and street address   | ss of Florida registered agent: (P.O. B  | ox NOT acceptable)   |  |
| Name:  | CORPORATION SERVICE  | COMPANY  |  |
| Office Address:  | 1201 HAYS STREET   | •  |  |
|  |  | , Florida <u>323</u> <i>o</i>  | 7 SECTION 5  |
| designated in this applicate to comply with the provise  | tion I hereby accent the appointment   | of process for the above stated limited<br>t as registered agent and agree to act<br>wer and complete performance of my o<br>tr's signature) | in this appoints I fresher adean                                 |
| 8. The name, title or cape Title or Capacity:  | acity and address of the person(s) who Name and Address:   | has/have authority to manage is/are: Title or Capacity:  | Name and Address:  |
| OMNER  | DAVIO MAGNELLE<br>327 E RIOGEVILLE BI<br>MT. AIRY, MO 217-   | <u> </u>   |  |
|  |  |  |  |
| (Use attachments if neces  | sary)  |  |  |
| <ol> <li>Attached is a certificate<br/>jurisdiction under the law<br/>of the translator must be s</li> </ol> | of which it is organized. (If the certific ubmitted)   | d, duly authenticated by the official ha<br>cate is in a foreign language, a translati   | ving custody of records in the ion of the certificate under oath |
| 10. This document is execusion submitted in a document to  | cuted in accordance with section 605.02 to the Department of State constitutes a *********************************** | 203 (1) (b), Florida Statutes, I am aware third degree felony as provided for in s   | e that any false information<br>s.817.155, F.S.                  |

Typed or printed name of signee

# STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THIN BLUE LINE TRAVEL, LLC (W15081730), REGISTERED FEBRUARY 14, 2013, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 23, 2017.

**Acting Director** 



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice