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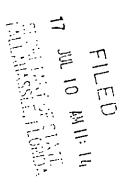
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2017

JUDY HASSE 3033 CAMPUS DR SUITE W320 PLYMOUTH, MN 55438

SUBJECT: AHT HOLDINGS, LLC Ref. Number: W17000051946

We have received your document for AHT HOLDINGS, 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):

The registered agent must sign accepting the designation.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 617A00012688.

ZOT JUL SECRETA TALLAHAS

www.sunbiz.org

Dee Attached Additional Rage R.A. natured hanks

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AHT Holdings, LLC	
	Limited Liability Company
	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the	following:
Judy Hasse	
Na Na	ame of Person
Travel Leaders Grou	up, LLC
Fi	rn/Company
3033 Campus Drive	, Suite W320
	Address
Plymouth, MN 5543	8
·	tate and Zip Code
jhasse@travelleader	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call:	
Judy Hasse	763 744-3735
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	S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy

## 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. AHT Holdings, L	LC Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC."	<del></del>
			AND COMPANY OF THE CO
	ame adopted for the purpose of transacting business in Fie		ibility Company," "L.L.C," or "LLC.")
2 Delaware	high foreign limited liability company is organized)	3. <u>37-1843648</u>	ther, if applicable)
(Junisdization motion the sow of w	tiich toreign innited liability company is organized)	(FEI man	вка, п пррисленеу
4.			. <u> </u>
	(Date first transacted husiness in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) sine penalty liability)	
5 3033 Campus Dr	., Suite W320	6. 3033 Campus Dr., S	Suite W320
Street Address of l		Plymouth, MN 5544	
Attn: Legal Dept.		Attn: Legal Dept.	
			······································
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Corporation Service Compar		
Name:		· <del>'</del>	
Office Address:	1201 Hays Street	<del></del>	
	Talahassee	, Florida 32301	
Registered agent's accep	(City)	(Zip co	dé)
designated in this applica to comply with the provise	egistered agent and to accept service of tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is registered agent and agree to ac	t in this capacity. I further agree
	(Registered agent's	signature)	
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who have and Address:	as/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
President	Gail Grimmet	SVP, Secretary	John D. O'Hara
	119 West 40th St., 14th floor New York, NY 10018		350 Madison Avenue, 23st floor — New York; NY,10017
	NEW TOR, FF TOOTS	- ,	100 100 100 1
SVP, General Counsel	Robert S. Brill	5118/60	a o m
	3033 Canpus Dr., Sulle W320		
	Plymouth, MN 55441	_	
(Use attachments if neces	sary)		
	/acts		
10. This document is away	utad in aggregation with gestion 405 020	2 (1) (b) Florido Statutos (	- that full in Co

10. 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.

Robert S. Brill, SVP & General Counsel

## 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:

and the second of the second o	ame adopted for the purpose of transacting business in Flor		Liability Company," "L.L.C," or "LLC,")
Delaware		37-1843648	
(Jurisdiction under the law of wh	nch foreign limited hability company is organized)	(FEL)	number, if applicable)
	(Date first transacted business in Florida, it prior to a (See sections 605 0904 & 605 0905, F.S. to determi	registration ) ne penalty hability)	
3033 Campus Dr		6. 3033 Campus Dr.,	Suite W320
(Street Address of F Plymouth, MN 55		Plymouth, MN 554	
Attn: Legal Dept.	77-71	Attn: Legal Dept.	
Attil Logal Dopt.		Mill Logar Dopt.	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accentable)	
Third and sweet decires		•	
Name:	Corporation Service Compan	<u>y</u>	
ranic.	•		
Office Address:	1201 Hays Street	·	
			l
Office Address: gistered agent's acception of the second as resignated in this application on the provision of the provision	Talahassee  (City)  tance:  gistered agent and to accept service of pition, I hereby accept the appointment alons of all statutes relative to the proper	process for the above stated limb s registered agent and agree to	reode) ited liability company at the p act in this capacity. I further
Office Address: gistered agent's acceptiving been named as resignated in this applicationally with the provisi	Talahassee  (City)  tance: gistered agent and to accept service of piton, I hereby accept the appointment a	Olip process for the above stated limi s registered agent and agree to	reode) ited liability company at the p act in this capacity. I further
Office Address: gistered agent's acceptiving been named as resignated in this applicationally with the provisi	Talahassee  (City)  tance:  gistered agent and to accept service of pition, I hereby accept the appointment alons of all statutes relative to the proper	orocess for the above stated limi is registered agent and agree to and complete performance of r	reode) ited liability company at the p act in this capacity. I further
Office Address: gistered agent's acceptiving been named as resignated in this applica comply with the provisid accept the obligation.	Talahassee  (City)  tance:  gistered agent and to accept service of partion, I hereby accept the appointment accepts of all statutes relative to the proper of my position as registered agent.  (Registered agent's accept the acceptance of my position as registered agent.	Oliporocess for the above stated limits registered agent and agree to and complete performance of resignature)	reode) ited liability company at the p act in this capacity. I further ny duties, and I am familiar
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Office Address:  gistered agent's acceptiving been named as resignated in this application with the provision accept the obligation.  The name, title or capa Title or Capacity:	Talahassee  (City)  tance:  gistered agent and to accept service of particle. I hereby accept the appointment accept of all statutes relative to the proper of my position as registered agent.  (Registered agent's accity and address of the person(s) who has Name and Address:  Gail Grimmet	orocess for the above stated limits registered agent and agree to and complete performance of resignature)  as/have authority to manage is/ar  Title or Capacity:	ited liability company at the pact in this capacity. I further my duties, and I am familiar etc.  e:  Name and Address:  John D. O'Hara
Office Address:  gistered agent's accepting been named as resignated in this application accept the obligation.  The name, title or capa  Title or Capacity:  President	Talahassee  (City)  tance:  gistered agent and to accept service of pion, I hereby accept the appointment atons of all statutes relative to the proper s of my position as registered agent.  (Registered agent's accity and address of the person(s) who has a Name and Address:  Gail Grimmet  119 West 40th St., 14th floor  New York, NY 10018	orocess for the above stated limits registered agent and agree to and complete performance of resignature)  as/have authority to manage is/ar  Title or Capacity:	ited liability company at the pact in this capacity. I further my duties, and I am familiar e:  Name and Address:  John D. & Hara  350 Mpdison Avenue. 21st floor
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Office Address: gistered agent's accepting been named as resignated in this application accept the obligation. The name, title or capatitie or Capacity: President  SVP, General Counsel	Talahassee  (City)  tance: gistered agent and to accept service of pion, I hereby accept the appointment atons of all statutes relative to the proper s of my position as registered agent.  (Registered agent)  (Registered agent	orocess for the above stated limits registered agent and agree to and complete performance of resignature)  as/have authority to manage is/ar  Title or Capacity:	ited liability company at the pact in this capacity. I further my duties, and I am familiar e:  Name and Address:  John D. & Hara  350 Mpdison Avenue. 21st floor
Office Address:  gistered agent's acceptiving been named as resignated in this application apply with the provisid accept the obligation.  The name, title or capatite or Capacity:  President  SVP, General Counsel	Talahassee  (City)  tance: gistered agent and to accept service of pion, I hereby accept the appointment atons of all statutes relative to the proper s of my position as registered agent.  (Registered agent)  (Registered agent	orocess for the above stated limits registered agent and agree to and complete performance of resignance) as/have authority to manage is/ar Title or Capacity:  SVP, Secretary	e:  Name and Address:  John D. O'Hara  350 Madison Avenue. 21st floor  Naw York, NY 10012

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Lam 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.



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

DELAWARE, DO HEREBY CERTIFY "AHT HOLDINGS, 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 NINETEENTH DAY OF APRIL, A.D. 2017.

6217465 8300 SR# 20172626991 Authentication: 202402308

Date: 04-19-17

You may verify this certificate online at corp.delaware.gov/authver.shtml