

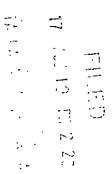
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	





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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	WE Travel & Tours					
3000000		Name of	Limited Liability (Company		
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence o	concerning this matter to the	following:			
	John H. Freches	tte				
		N	aine of Person			
	WE Travel & T	ours, LLC				
Firm/Company						
	PO Box 1135					
			Address			
	Huntersville, N	C 28070-1135				
	-	City/S	tate and Zip Code			
	john@wetravelto					
	<u></u>	E-mail address: (to be used	i for future annua	report no	tification)	
For further in	nformation concernin	g this matter, please call:			,	
Joh	n H. Frechette		704 at (904-10	65	، مبد ۱۰۲۱ نیا
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.O	AILING ADDRESS: ision of Corporations distration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building centive Center Circle see, FL 32301	:- C:) L:;
	a check for the follow \$125.00 Filing Fee	ing amount: \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, of Status & Certified (

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limiter	d Ltability Company," "L,L,C," or "LLC,")
North Carolina		3. 47-5340901	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. 	number, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) mine penalty liability)	
13629 Bradford Walk (Street Address of	Lane	6. PO Box 1135	
Davidson, NC 28036-8		(Mailing Huntersville, NC 28070	Address)
Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	<u> </u>
Name:	Susan M. Riley		; -
Office Address:	4580 53rd Ave N		. !
	St. Petersburg	72714	,
iving been named as re signated in this applica comply with the provis	ctance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prope is of my position as registered agent.	as registered agent and agree to er and complete performance of t	ted liability company at the pa act in this capacity. Pfurther
signated in this applica comply with the provis d accept the obligation The name, title or cap	(City) stance: registered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	process for the above stated lim, as registered agent and agree to a rand complete performance of the signature)	ted liability company at the part in this capacity. Further my duties, and I am familiar v
iving been named as resignated in this applica comply with the provis d accept the obligation	contance: Segistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the proper sof my position as registered agent. Susan (Rochtered agent)	process for the above stated lim, as registered agent and agree to a rand complete performance of the signature)	ted liability company at the part in this capacity. Further my duties, and I am familiar v
wing been named as resignated in this applicated in this applicate comply with the provised accept the obligation. The name, title or capitation	containce: The segment and to accept service of atton, I hereby accept the appointment is ions of all statutes relative to the property of my position as registered agent. (Restered agent) Accepted agent (Restered agent)	f process for the above stated liming as registered agent and agree to the and complete performance of the signature)	ited liability company at the pact in this capacity. Pfurther my duties, and I am familiar value. Te: Name and Address: Adriano Schneider
tving been named as resignated in this applicated in this applicate comply with the provised accept the obligation. The name, title or caparity:	containce: Traince: Trai	f process for the above stated limits as registered agent and agree to the rand complete performance of the signature) as/have authority to manage is/ar Title or Capacity: Managing Member	ited liability company at the pact in this capacity. Pfurther my duties, and I am familiar value. The second seco
tving been named as resignated in this applicated in this applicate comply with the provised accept the obligation. The name, title or caparity:	etance: registered agent and to accept service of ation, I hereby accept the appointment it ions of all statutes relative to the propers of my position as registered agent. (Restered agent) active and address of the person(s) who have and Address: John H. Frechette PO Box 1135	f process for the above stated limits as registered agent and agree to the rand complete performance of the signature) as/have authority to manage is/ar Title or Capacity: Managing Member	ited liability company at the pact in this capacity. Pfurther my duties, and I am familiar ve: Name and Address: Adriano Schneider PO Box 1135
tving been named as resignated in this applicated in this applicate comply with the provised accept the obligation. The name, title or caparity:	etance: registered agent and to accept service of ation, I hereby accept the appointment it ions of all statutes relative to the propers of my position as registered agent. (Restered agent) active and address of the person(s) who have and Address: John H. Frechette PO Box 1135	f process for the above stated limits as registered agent and agree to the rand complete performance of the signature) as/have authority to manage is/ar Title or Capacity: Managing Member	ited liability company at the pact in this capacity. Pfurther my duties, and I am familiar ve: Name and Address: Adriano Schneider PO Box 1135
wing been named as resignated in this applicated in this applicate comply with the provised accept the obligation. The name, title or caparity: Managing Member	containce: registered agent and to accept service of the appointment to the proper soft my position as registered agent. Restered agent accept the appointment to the proper soft my position as registered agent. Restered agent accity and address of the person(s) who have and Address: John H. Frechette PO Box 1135 Huntersville, NC 28070-1135	f process for the above stated limits as registered agent and agree to the rand complete performance of the signature) as/have authority to manage is/ar Title or Capacity: Managing Member	ited liability company at the pact in this capacity. Pfurther my duties, and I am familiar ve: Name and Address: Adriano Schneider PO Box 1135
The name, title or cape Title or Capacity: Managing Member Jise attachments if neces Attached is a certificate is diction under the law the translator must be s	prance: registered agent and to accept service of atton, I hereby accept the appointment to the proper soft my position as registered agent. Received agent (Received agent) acity and address of the person(s) who have and Address: John H. Frechette PO Box 1135 Huntersville, NC 28070-1135 sary) of existence, no more than 90 days old of which it is organized. (If the certifical	f process for the above stated limit as registered agent and agree to the and complete performance of the and complete performance of the asymptotic for an authority to manage is/ar an arrival and agent authority: Managing Member duly authenticated by the official are is in a foreign language, a transfer	ited liability company at the pact in this capacity. If further my duties, and I am familiar vie: Name and Address: Adriano Schneider PO Box 1135 Huntersville, NC 28070 I having custody of records in slation of the certificate under

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

WE TRAVEL & TOURS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of October, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of August, 2017.

Elaine I Marshall

Secretary of State