

MI7000009489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

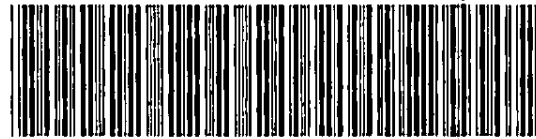
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/22/17--01017--014 **130.00

D. SCOTT

NOV 8 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2017

FLYNN MCCARTHY
PO BOX 700202
MIAMI, FL 33170

SUBJECT: GP TRAVEL GROUP LLC
Ref. Number: W17000076318

We have received your document for GP TRAVEL GROUP LLC and your check(s) totaling \$130.00. 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 list the complete principal office address.

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 Pijaux
Regulatory Specialist

Letter Number: 817A00021447

2017 NOV -8 AM 11:28

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. GP Travel Group LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")


(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming, USA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-3153452

(FEI number, if applicable)

4.  (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ~~PO Box 700202~~ 9053 SW 214 ST.
(Street Address of Principal Office)

6. PO Box 700202

(Mailing Address)

~~Miami FL 33170~~ 33189

Miami FL 33170

Cutler Bay Florida

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Flynn McCarthy

Office Address: 9053 SW 214 ST

Cutler Bay, Florida 33189

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Flynn McCarthy

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

President

Flynn McCarthy

9053 SW 214 ST

Cutler Bay, FL 33189

(Use attachments if necessary)

9. Attached is a certificate of existence, no more 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 translator must be submitted)

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.

Signature of an authorized person

Flynn McCarthy

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

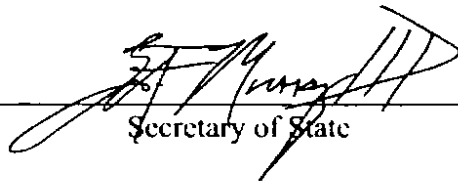
GP Travel Group LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 23, 2009**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2009-000578235**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of August, 2017 at 12:19 PM. This certificate is assigned 023799535.




Secretary of State