

M18000005452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2018 JUN -4 AM 8:01
TALLAHASSEE FLORIDA

JUN 08 2018
J. HARRIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2018

CHARLENE WERT
PO BOX 101309
CAPE CORAL, FL 33910

SUBJECT: CHAR TRAVEL, LLC
Ref. Number: W18000043631

FILED
2018 JUN -4 AM 8:01
TALLAHASSEE, FLORIDA

We have received your document for CHAR TRAVEL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Entity can't be it's own Authorized Representative.

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 Scott
Regulatory Specialist II

Letter Number: 818A00010683

44

RECEIVED

2018 JUN -4 AM 10:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Dionne, Please call me if anything else is incorrect.
Might be helpful to other people filing out this form if you put a note that says can not be a company name
I took this to mean I the owner of Char Travel, not the owner of Charlene Wert.

www.sunbiz.org

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. Char Travel 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. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-4343199
(FEI number, if applicable)

4. 3/1/18
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 233 SW 37th Lane
(Street Address of Principal Office)
Cape Coral FL 33914

6. PO Box 101309
(Mailing Address)
Cape Coral FL 33910

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

Name: ~~Char Travel LLC~~ Charlene West

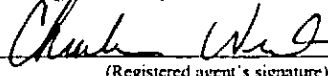
Office Address: 233 SW 37th Lane

Cape Coral, Florida 33914
(City) (Zip code)

FILED
2018 JUN -4 AM 0:01
TALLAHASSEE FLORIDA

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.



(Registered agent's signature)

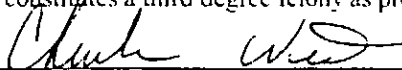
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Owner	Char Travel LLC Charlene West PO Box 101309 Cape Coral FL 33910		

(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

Charlene West

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

05/01/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CHAR TRAVEL, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180501121099-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>