

118000009015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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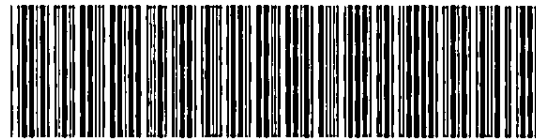
(Business Entity Name)

(Document Number)

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SEP 27 P 3:53

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12/18/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Travel Concierge LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Erin Davis

Name of Person

Elite Travel Concierge LLC

Firm/Company

5683 Wexler Rd

Address

Dublin, OH 43016

City/State and Zip Code

info@elitetcagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Davis

Name of Contact Person

at (833)

Area Code

335-4838

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

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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**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. Elite Travel Concierge LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. _____
(FEI number, if applicable)

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

5. 5683 Wexler Rd
(Street Address of Principal Office)
Dublin, OH 43016

6. 4000 Leap Rd #308
(Mailing Address)
Hilliard, OH 43026

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(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.

Bel Hume
(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:
Officer Erin Davis
5683 Wexler Rd
Dublin, OH 43016

Title or Capacity: Name and Address:
Officer Debora Bostic
19908 St Rt 12
Arcadia OH 44804

Officer Nicole Morrison
203 Black Lantern Ct
St Peters, MO 63376

Officer _____

(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.

Erin Davis
Signature of an authorized person

Erin Davis
Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show ELITE TRAVEL CONCIERGE LLC, an Ohio For Profit Limited Liability Company, Registration Number 4090406, was organized within the State of Ohio on October 31, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.



2018 SEP 27 P 3:11 PM
Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 23rd day of September, A.D.
2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201826600296