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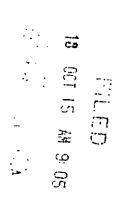
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
nane-W18-35768							

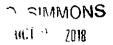
Office Use Only



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September 20, 2018

HENRY ARMAND 120 S WOODLAND BLVD, STE 200 DELAND, FL 32720

SUBJECT: ENTERPRISE TRAVEL COMPANY, LLC

Ref. Number: W18000035768

We have received your document for ENTERPRISE TRAVEL COMPANY, 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 certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

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polated cortificate attached

Letter Number: 818A00019595

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2018

HENRY ARMAND 120 S WOODLAND BLVD, STE 200 DELAND, FL 32720

SUBJECT: ENTERPRISE COMPANY, LLC

Ref. Number: W18000035768

We have received your document for ENTERPRISE COMPANY, 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L04000034578.

if you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 318A00007645

www.sunbiz.org

D O DOV 6007 W II I DI 1 1 000

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Enterprise Company,	LLC						
SUBJECT:	Name of Limited Liability Company							
The enclose Existence, a	d "Application by Fore and check are submitted	ign Limited Liability Compa to register the above referen	nny for Authorizat need foreign limite	ion to Tran d liability	sact Business in Florida," C company to transact busines	ertificate of s in Florida.		
Please retur	n all correspondence co	oncerning this matter to the f	ollowing:					
	Henry Armand							
	Name of Person							
	Enterprise Company, LLC							
Firm/Company								
	120 S Woodland Blvd, Ste 200							
	Deland, FL 32720							
City/State and Zip Code								
	amanda@mtap.us							
		E-mail address: (to be used	for future annual	report noti	fication)			
For further	information concerning	g this matter, please call:						
Н	Henry Armand		386 at (663-397	70			
_	Name o	f Contact Person	Area Code	Dayı	ime 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		of Corporations on Section uilding cutive Center Circle			
	s a check for the follow \$125.00 Filing Fee	ing amount: \$\B\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer 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.	Enterprise Company, L	LC			
_		Limited Liability Company; must include "Limite		y Company," "L.L.C.," or "LLC.")	
	Enterprise	Trayel Compan	4		
(lf n	ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	odd. The a		ty Company. Lit. C. or tibe 7
2. <u>\</u>	Wyoming	nch foreign limited liability company is organized)	3.	47-3673066 (FFI number	if applicable)
	(Jurisdiction under the law of wi	nen foreign immted liability company is organized)		(. 2. (,
4.	4/1/2018				<u></u> _
		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty	tiability)	د
5	120 S Woodland Blvd	Ste 200	6.	120 S Woodland Blvd Ste 20 (Mailing Addres	00
-/-	(Street Address of F	rincipal Office)		(Mailing Address Deland, FL 32720	s) : 3 -:
	Deland, FL 32720			Defaild, FL 32720	<u> </u>
					<u> </u>
					· · · · · · · · · · · · · · · · · · ·
7.	Name and street address	ss of Florida registered agent: (P.O. Box	X NOT	acceptable)	بى .
	Name:	Henry Armand			9 05 M 9 05
	(vaine.	12.11			<i>y</i> 0
	Office Address:	424 Luna Bella Ln Unit 115	. ,		
		New Smyrna Beach		, Florida 32168	
		(City)		(Zip code)	
Ke II	gistered agent's accep	nance. Egistered agent and to accept service of	process	for the above stated limited l	liability company at the place
do	cionated in this annlica	tion. I hereby accept the appointment of	as regist	tered agent and agree to act ii	n titis capacity. Азигінег адгес
to .	comply with the provis	ions of all statutes relative to the prope	r and co	implete performance of my di	uties, and I am familiar with
an	d accept the obligation	s of my position as registered agent.		2	
				<u> </u>	
		(Registered agont	s signature)		
8	The name title or can	acity and address of the person(s) who h	as/have	authority to manage is/are:	
Ο.	Title or Capacity:	Name and Address:	1	itle or Capacity:	Name and Address:
	Member	Henry Armand			
		424 Luna Bella Ln Unit 115	— - =		
		New Smyrna Beach, FL 3210	<u>68</u>		
				<u> </u>	
			_		
71	Jse attachments if neces	ccurv)			
9.	Attached is a certificate	e of existence, no more than 90 days old	l, duly a	uthenticated by the official hav	ving custody of records in the
jui	risdiction under the law the translator must be s	of which it is organized. (If the certifical	ate is in	a foreign language, a translati	of of the certificate under oath
10). This document is exe	cuted in accordance with section 605.02	03 (1) (t	o), Florida Statutes. I am aware	that any false information
su	bmitted in a document t	o the Department of State constitutes a	nird deg	gree felony as provided for in s	i.817.155, F.S.
			//	1	
		- Chatte	re of an aut	horized person	
		Henry Armand	_		

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Enterprise Company, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 10**, **2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000684693**.

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 12th day of October, 2018 at 9:27 AM. This certificate is assigned 028256731.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.