## M18000009687

(Red	questor's Name)	
(Add	dress)	
- (Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700319765937

10/18/18--010:1--0:7 \*\*130.00

OCT 1 7 ZO18



0CT 27 2018

## COVER LETTER

TO:

Registration Section

SUBJE		TRAVEL AGENCY, LLC						
	·	Name of	Limited Liability (	Company				
		reign Limited Liability Comp d to register the above refer						
Please r	eturn all correspondence o	concerning this matter to the	following:					
	ТАММҮ ОНА	ARA						
		N	ame of Person					
	MILLION MII	LES TRAVEL AGENCY, L	I.C					
		F	irm/Company					
	1185 CARROL	A. STREET APT 5K						
			Address					
	BROOKLYN,	NEW YORK 11225						
	-	City/S	state and Zip Code		1.		 **	
	TAMMY@MIL	LIONMILESTRAVEL.COM	M				7 <b>111</b> 007	-17
		E-mail address: (to be use	d for future annual	report no	tification)	<u> </u>	^ -	Graner.
For furt	her information concernin	g this matter, please call:				<u>-</u>	J -	Factorial B
	TAMMY O'HARA		646 at (	221-69	90()		i S	
	Name c	of Contact Person	Area Code	Day	ytime Telephone Numb	eri 🛎		••
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations tion Section			
Enclose	d is a check for the follow ☐ \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fe of Status & Certified		icate	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605-0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate in	CE CREATORS  ame adopted for the purpose of transacting business in Flo	vida. The alterna	te name must melude "Limited Lia	ibility Company," "L	LC, 'or "110	· <sub>1</sub>
2. NEW YORK	nich toreign limited ligbility company is organized)	3. 83	-1394421			
(Jurisdiction under the law of w	nich toreign limited hability company is organized)		(FEI num)	ber, if applicable)		
4. <u>N/A</u>	4) 6					
	(Date first transacted business in Florida, if prior to (See sections 605 9904 & 605 0905, U.S. to determ	ine penalty habili	at's )			
5. 1185 CARROLL STR (Street Address of I		6. <u>42</u>	L8TH AVENUE #7663 (Mailing Add	tress		
BROOKLYN, NEW Y	•	NE	W YORK, NEW YORK			
7. Name and street address	ss of Florida registered agent: (P.O. Box	× <u>NOT</u> acce	ptable)	IAII	2018 OC	<b>Mana</b> strati
Name:	JERMANE BECKFORD		<u> </u>		000	1 }
Office Address:	TATUM ROAD SW			SSE	17	
	PALM BAY		, Florida 32908		. P	
designated in this applica	gistered agent and to accept service of pition, I hereby accept the appointment a	is registered	the above stated limited agent and agree to act	l liability comp in this capaci	ıy. İ fürtl	ier agree
Having been named as re designated in this applica to comply with the provis	tance: gistered agent and to accept service of <sub>l</sub>	is registered	the above stated limited agent and agree to act	l liability comp in this capaci	ıy. İ fürtl	ier agree
Having been named as re designated in this applica to comply with the provis	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a lons of all statutes relative to the proper	is registered r and compl ,	the above stated limited agent and agree to act	l liability comp in this capaci	ıy. İ fürtl	ier agree
Having been named as redesignated in this applicate to comply with the provise and accept the obligation	tance: gistered agent and to accept service of gistered agent and to accept service of gion, I hereby accept the appointment a ions of all statutes relative to the propers of my position as registered agent.	is registered r and complessional signature)	the above stated limited agent and agree to act ete performance of my	l liability comp in this capaci	iy. 1 furt) m familio	ier agree
Having been named as redesignated in this applicate to comply with the provisional accept the obligation.  8. The name, title or capi	tance: gistered agent and to accept service of gion, I hereby accept the appointment at ons of all statutes relative to the proper s of my position as registered agent.  (Registered agent's acity and address of the person(s) who have and Address:  TAMMY OHARA	is registered r and complessional signature)	the above stated limited lagent and agree to act icte performance of my ority to manage is/are:	I liability comp in this capaci duties, and I a	iy. 1 furt) m familio	ier agree
Having been named as redesignated in this applicate to comply with the provise and accept the obligation  8. The name, title or capa  Title or Capacity:	tance: gistered agent and to accept service of gistered agent and to accept service of gion, I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's accity and address of the person(s) who have and Address:	is registered r and complessional signature)	the above stated limited lagent and agree to act icte performance of my ority to manage is/are:	I liability comp in this capaci duties, and I a	iy. 1 furt) m familio	ier agree
Having been named as redesignated in this applicate to comply with the provise and accept the obligation  8. The name, title or capa  Title or Capacity:	tance: gistered agent and to accept service of pion, I hereby accept the appointment at ons of all statutes relative to the propers of my position as registered agent.  (Registered agent's acity and address of the person(s) who have and Address:  TAMMY OHARA 1185 CARROLL ST Ap. 1.	is registered r and complessional signature)	the above stated limited lagent and agree to act icte performance of my ority to manage is/are:	I liability comp in this capaci duties, and I a	iy. 1 furt) m familio	ier agree
Having been named as redesignated in this applicate to comply with the provisand accept the obligation.  8. The name, title or capa Title or Capacity:  OWNER	tance: gistered agent and to accept service of pion, I hereby accept the appointment at ons of all statutes relative to the proper is of my position as registered agent.  (Registered agent statistical agent sta	is registered r and complessional signature)	the above stated limited lagent and agree to act icte performance of my ority to manage is/are:	I liability comp in this capaci duties, and I a	iy. 1 furt) m familio	ier agree
Having been named as redesignated in this applicate to comply with the provisional accept the obligation.  8. The name, title or capa Title or Capacity:  OWNER  (Use attachments if neces)	tance: gistered agent and to accept service of pion, I hereby accept the appointment at ons of all statutes relative to the proper s of my position as registered agent.  (Registered agent) accity and address of the person(s) who have and Address:  TAMMY O'HARA  1185 CARROLL ST Apl.: BROOKLYN, NY 11226	as/have auth Title o	the above stated limited agent and agree to act acte performance of my activity to manage is/are:  or Capacity:	I liability comp in this capaci duties, and I a  Name and	y. I furt) m familia  Address:	in the

Typed or printed name of signee

TAMMY O'HARA

## State of New York Department of State } ss:

I hereby certify, that MILLION MILES TRAVEL AGENCY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/30/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of September two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State