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#### COVER LETTER

TO:		ration Section in of Corporations					
SUBJE		orth South Ventures	, LLC				
3C BJE	.c		Name of Li	mited Liability C	ompany		
The enc Existen	losed "A ce, and c	Application by Foreigheck are submitted to	gn Limited Liability Compa to register the above referen	ny for Authorizat ced foreign limite	ion to Transact I ed Tiability comp	Business in Florida," ( pany to transact busine	Certificate of ss in Florida.
Please r	return all	correspondence cor	ncerning this matter to the fo	ollowing:			
		Theresa Moran					
			Nar	ne of Person			
North South Ventures, LLC DBA Warm Water Travel  Firm/Company  10139 Berrymeade Pl							
		Address					
		Glen Allen, VA	23060		_		
		<u> </u>	City/Sta	nte and Zip Code			
		tmoran@warmwat					
			E-mail address: (to be used	for future annual	report notificati	on)	
For furth	her infor	mation concerning	this matter, please call:				
Theresa Moran				717	887-0701		
		Name of	Contact Person	Area Code	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				
	Enclose Please	ed is a check for the	e following amount: e to: FLORIDA DEPART	MENT OF STA			
		25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Stat	<b>🔲 \$</b> 155.00	Filing Fee & ied Copy	S 160.00 Filing of Status & Cer	Fee, Certificate rtified Copy

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

	LLC		7 W.		
1 Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L L C ," or "LL	(C ")		
rth South Ventures-W					
tier unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	la. The alternate name must include "Limite	d Liability Company," "L L C," or "LEC,"		
ommonwealth of Virg	ginia	27-4341980			
Jurisdiction under the law of w	tach foreign limited liability company is organized)	3	number, if applicable)		
Not currently transact	ing business in Florida				
	Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	gistration ) : penalty liability)	<del></del>		
0139 Berrymeade Pl		PO Box 28306			
(Street Address of	Principal Office)	6(Mailing	3 Address)		
ilen Allen, VA 23060	•	Henrico, VA 23228			
			7. S. 6		
			7.7. Z		
ame and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	Short I		
			五" 全		
	Registered Agents Inc.				
Name:		<del></del>	10 to 8		
Office Address	7901 4th St N, STE 300		•		
Office Address:		<del></del>			
	St Petersburg	33702 , Florida	2		
	(City)		Zip code)		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity; Name and Address: Title or Capacity: Marc Moran Theresa Moran Manager Manager ☐Manager 10139 Berrymeade Pl 10139 Berrymeade Pl Address: Member Address: ■ Member Glen Allen, VA 23060 Glen Allen, VA 23060 ☐ Authorized Authorized Person Person Other\_\_\_\_\_ Other Other\_ Manager Manager Name: \_\_\_\_\_ Manager ☐ Member Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other \_\_\_Other\_\_\_\_\_ Other\_ Other\_ Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ Manager ☐ Member Address: \_\_\_\_ \_ Address: Member ☐ Authorized Authorized Person Person Other Other\_\_\_\_ Other\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Therend moran Theresa L. Moran

Typed or printed name of signee

## Commonwealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That North South Ventures, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 9, 2010; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: December 10, 2018

Joel H. Peck, Clerk of the Commission

SECOM

cument Control Number: 1812106481