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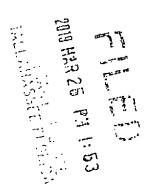
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	e)		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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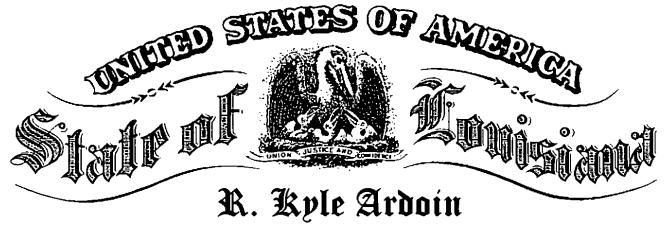
PRUCE AND LINE

TO: Registration Section Division of Corporat	tions					
SUBJECT:	air of Ears T	ravel, U	S			
····		Limited Liability Co				
The enclosed "Application by l Existence, and check are submi						
Please return all correspondenc	ce concerning this matter to the	e following:				
	Sunny (OLUMAN Same of Person				
	A Pair o-	Firm/Company		, 		
	313 Coll	eyeln Address				
	Thibody City	1111 A 7 State and Zip Code	0301	 		
	E-mail address: kto be use	feurs traved for future annual re	Velagme	il com		
For further information concern SUNN Nam	ning this matter, please call: O(N)(N) ne of Contact Person	at (<u>985</u>) Area Code	597-86 Daytime Tele	583	2019 HAR 25	1,72
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 3231-	SS: ons	<u>S</u> I F C	STREET ADDRI Division of Corpor Registration Section Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations rations on rations represent represent represent rations represent represent rations represent repre		Ti
	or the following amount: syable to FLORIDA DEPAR ee S130.00 Filing Fee of Certificate of St	& 🔲 \$155.00 F	Filing Fee &	\$160.00 Filing For of Status & Certi		

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

IN COMPLIANCE WITH SECTION			S SUBMITTED TO REGISTE	R A FOREIGN LIMITE	D I LABILITY
COMPANTOTRANSACT BUSE	VESS IN THE STATE OF FIRE	KILAT:	116		
1.	1111111	MIS MICH			_
(Name of Foreign Lir	nited Liability Company; must	include "Limited Liability Cor	npany." "L.L.C.," or "LLC")		
(If name unavailable, enter alternate name	adopted for the purpose of transacti	ng business in Florida. The alternat	e name must include "Limited Liabi	lity Company," "L L C," or "I	<u>TC ")</u>
Louisido	()		111-4	2 103(00 l	
(Jurisdiction under the law of which	foreign limited hability company is	organized) 3	(FEI marabe	ri, if applicable)	_
. nia					
+.	Date first transacted business in !	florida, if prior to registration.) DS, F.S. to determine penalty habilit	n-1		
012 (1)	a Land	55, 1 5 to externing penalty factor	,,,		
5. 1212 CONP9	e cuple	6	Same		
(Street Address of Palm	ripal Office)		(Mailing Addre	35)	_
Thibodaux	LA 7030	1			
	+			 	
·					
7. Name and street address of	of Florida registered agent	t: (P.O. Box NOT accel	ntable)	-11	
		<u></u>	•		
	Hoaldon 1	mulateda		EAR 2	_ 1,21,21,21 121,212,221
Name:	titutier i	Marraid		ूर्य का	1 1
_	110 /	- Haylay Lau	B#206	3	111
Office Address: _	11 L Secret	Thirton cur	BHLOO		ې بېښون اوس پورا
	1 11/2 Mc	a /	27-	11/1/200 3	
_	LUKE 1110	<u>17Y</u>	Florida 🕽 🕖	<u>144:</u>	
		(Cuỷ)	(Zip code	•	
Registered agent's acceptai					
Having been named as regis designated in this application					
to comply with the provision					
and accept the obligations of				•	
	, <i>V</i>	1) / 1000.			
_	<u>X)</u>	UUUUIIUU			
	(7)	legistered agenii's signature)			

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: Name and Address: Manager 7 Member Authorized Authorized Person Person Other_ Other____ Other Other Manager Name: Name: _____ Manager Manager Member Address: ____ Address: Member Authorized Authorized Person Person Other_ Other_____ Other___ Other_ Manager Name: Manager 🗌 Member Address: Member Address: __ 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. Signature of an authorized person



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

A PAIR OF EARS TRAVEL, LLC

Domiciled at THIBODAUX, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on June 17, 2015,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 22, 2019

OF LOUIS VISITE AND TO SAFETARY OF SAFETA

Certificate ID: 11057861#6QK73

To validate this certificate; visit the following web site, go to Business Services, Search for Louisiana Business Fitings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov

Secretary of State
Web 41919296K