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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

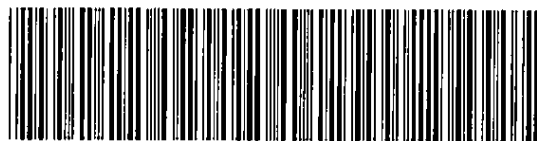
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TALLAHASSEE, FLORIDA

TL

FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 749937 8149123

AUTHORIZATION :

COST LIMIT : \$ 025.00

ORDER DATE : May 3, 2019

ORDER TIME : 12:54 PM

ORDER NO. : 749937-005

CUSTOMER NO: 8149123

FOREIGN FILINGS

NAME: F.T. TRAVEL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FT TRAVEL, 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:

DIANA KEARNS  
Name of Person

FT TRAVEL, LLC  
Firm/Company

ONE GREENWAY PLAZA #840  
Address

HOUSTON, TX 77046  
City/State and Zip Code

DIANA.KEARNS@frosch.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

DIANA KEARNS at ( 713 ) 540-5103  
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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

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. FT TRAVEL, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

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

3. 76-0594751  
(FEI number, if applicable)

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

5. ONE GREENWAY PLAZA  
(Street Address of Principal Office)

6. SALE  
(Mailing Address)

# 840

HOUSTON, TX 77046

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) Florida (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.

By: Roxanne Turner  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

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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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:	<u>BRYAN LEIBMAN</u>	<input type="checkbox"/> Manager	Name:	_____
<input checked="" type="checkbox"/> Member	Address:	<u>4513 VALLERIE ST</u>	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		<u>BELLAIRE, TX 77401</u>	<input type="checkbox"/> Authorized		_____
Person		_____	Person		_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____		_____
FILED					
<input checked="" type="checkbox"/> Manager	Name:	<u>DIANA KEARNS</u>	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	<u>ONE GREENWAY PLAZA</u>	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		<u>#840</u>	<input type="checkbox"/> Authorized		_____
Person		<u>HOUSTON, TX 77046</u>	Person		_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____		_____
SECRETARY OF STATE TALLAHASSEE, FLORIDA 29 MAY -6 PM 4:39					
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		_____	<input type="checkbox"/> Authorized		_____
Person		_____	Person		_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____		_____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

*Diana Kearns*  
Signature of an authorized person

DIANA KEARNS  
Typed or printed name of signer



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for F.T. Travel, LLC (file number 803200510), a Domestic Limited Liability Company (LLC), was filed in this office on January 02, 2019.

It is further certified that the entity status in Texas is in existence.

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 29, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley  
Secretary of State