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B KINSEY
MAY -8 2019

Tripsmarter LLC
801 Brickell Ave., Suite 900
Miami, FL 33131
786-206-1122

April 29, 2019

Florida Dept. of State
Division of Corporation
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,


Please see the enclosed completed document "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" along with "The Certificate of Good Standing".

Please process and send the "Certificate of Status" to the following address:

Tripsmarter LLC
Attn: Lisa Webb
45213 Lassen Court
Indio, CA 92201

Thank you for your immediate assistance.

Sincerely,



Joshua Ryan

Managing Member
760-992-4622

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TripSMARTer 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:

Joshua Ryan
Name of Person

TripSMARTer LLC
Firm/Company

801 Brickell Avenue Ste. 900
Address

Miami, FL 33131
City/State and Zip Code

Josh@tripSMARTer.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Webb, Operations Mgr at (760) 992-4624
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. Tripsmarter LLC
(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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-5148116
(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. 11621 Central Avenue
(Street Address of Principal Office)

6. 801 Brickell Ave Ste 900
(Mailing Address)

Cheyenne, WY
82001

Miami, FL
33131

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

Name: Joshua Ryan

Office Address: 801 Brickell Ave Ste 900

Miami, Florida 33131
(City) (Zip code)

2019 MAY -2 PM 7:53

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.

[Signature]
(Registered agent'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/
Member

☐ Member

☐ Authorized

Person

☐ Other

Name: Joshua Ryan
Address: 801 Brickell Ave
Ste 900
Miami, FL 33131

☐ Other

☐ Manager

☐ Member

☐ Authorized

Person

☐ Other

Name: _____

Address: _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ 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.

Signature of an authorized person

Joshua Ryan

Typed or printed name of signer

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,

Tripsmarter LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 11, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000798203**.

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 29th day of April, 2019 at 2:50 PM. This certificate is assigned 030896833.



Edward A. Buchanan
Secretary of State