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(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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TO:

CT:	travel LLC	
	Nam	e of Limited Liability Company
losed "Application by ce, and check are sub-	Foreign Limited Liability mitted to register the above	Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact busin
eturn all corresponde	nce concerning this matter t	o the following:
Margo Lyr	nott	
		Name of Person
SouthAme	rica.travel LLC	
		Firm/Company
1004 This	I Ave Ste 930	
——————————————————————————————————————		Address
		Address
Scattle WA	A 98101	
	C	City/State and Zip Code
marketing@	SouthAmerica,travel	
	E-mail address: (to be	e used for future annual report notification)
her information conc	erning this matter, please ca	11:
Margo Lynott		206 203-8800
	60	at ()
Na	me of Contact Person	Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Sect		Registration Section
•	ivision of Corporations Division of Corporations	
P.O. Box 6327	O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL	Γallahassee, FL 32314 2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303
Enclosed is a check	for the following amount:	
	ayable to: FLORIDA DEI	PARTMENT OF STATE
☐ \$125,00 Filing F	<u> </u>	
	Certificate (

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L SouthAmerica.travel L					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Co	mpany," "L.L.C.," or "LLC.")		
(If name anavoilable enter alternate	name adopted for the purpose of transacting business in Fl	orida The alter	pate name must include "Limited Liability C	ompony ""L.L.C." or "L.L.C."	
	mine inopice to the purpose of unimening publics in the	ortal. The arter	and make metable intrinsic placemy to		
(Iurisdiction under the law of which foreign limited liability company is organized)		3		(FEI number, if applicable)	
			(Fit) number, if app		
12/13/2019					
4	(Date first transacted business in Florida, if prior to	registration.)			
	(See sections 605.0904 & 605.0905, F.S. to determ	ne penalty liabi	hty)		
1904 Third Ave Ste 930 5.		19 6.	04 Third Ave Ste 930		
Street Address of Principal Office)	·	0	(Mailing Address)	· -	
Seattle WA 98101		Sea	attle WA 98101		
				20	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			eptable)	9207	
	Registered Agents Inc.			2	
Name:			_		
	7901 4th St N Ste 300			. :	
Office Address:					
	St. Petersburg		33702	რ ი	
	(City)		, Florida		

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.

Bell Have
(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	Name: Margo Lynott	■Manager	Name: Bradle	y Nehring
□Member	Address: 1904 Third Ave Stc 930	□Member	Address: 1904	4 Third Ave Ste 930
Authorized	Scattle WA 98101	Authorized	Scattle WA 9	8101
Person		Person		
Other	Other	■Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		Other
				2027 7
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		<u>N</u>
Person		Person		డ్
□Other	Other	Other		Other

<u>Important Notice:</u> 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

Margo Lynott

Typed or printed name of signee

The State of **Bashington**

Secretary of State

1, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SOUTHAMERICA.TRAVEL LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/19/2008.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

01/23/2020

UBI Number:

602 028 882



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Ken Ulyna

Date Issued: 01/23/2020