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100345031271

2020 MAY 19 AM 7:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

LTS
5-20-2020

Shoffstall, Lyn

From: Tracy Augustyni <TAugustyni@shutts.com>
Sent: Tuesday, May 19, 2020 5:10 PM
To: Shoffstall, Lyn
Subject: RE: Application to Qualify in Florida - Time Sensitive Filing
Attachments: [Untitled].pdf

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Hi Lyn:

Attached is the client's application. Our deposit account number is: 1200300000004. If the application is in order, please file using our deposit account.

Thank you!



Tracy Augustyni
Legal Assistant

Shutts & Bowen LLP

300 South Orange Avenue, Suite 1600 | Orlando, FL 32801
Direct: (407) 835-6769 | Fax: (407) 849-7214
[E-Mail](#) | [Website](#)

From: Shoffstall, Lyn [mailto:Lyn.Shoffstall@DOS.MyFlorida.com]
Sent: Tuesday, May 19, 2020 5:06 PM
To: Tracy Augustyni
Subject: RE: Application to Qualify in Florida - Time Sensitive Filing

EXTERNAL: This email originated from outside of the SHUTTS email system. Do not respond, click any links or open any attachments unless you trust the sender and know the content is safe.

Do you have the application now? If so, send it to me as an attachment. I will look over it and let you know. I am in conference calls most of tomorrow but have access to email.

I can file it and use your account without the fax cover sheet if need be and I have our account number and authorization.

I await your reply.

Lyn

From: Tracy Augustyni [mailto:TAugustyni@shutts.com]
Sent: Tuesday, May 19, 2020 5:03 PM
To: Shoffstall, Lyn <Lyn.Shoffstall@DOS.MyFlorida.com>
Subject: Application to Qualify in Florida - Time Sensitive Filing

EMAIL RECEIVED FROM EXTERNAL SOURCE

Hi Lyn:

I hope you are well. We have a client trying to qualify his company in Florida in order to apply for a PPP Loan, so his filing is very time sensitive. I attempted to fax file his qualification application this afternoon, but the State's website is intermittently unavailable when trying to log in to our deposit account. When I called the State I was told that they are aware of the problem, but there was nothing that could be done. Would you be available Wednesday morning to walk through his application?

Please let me know. Thank you very much for your assistance.



Tracy Augustyni
Legal Assistant

Shutts & Bowen LLP

300 South Orange Avenue, Suite 1600 | Orlando, FL 32801
Direct: (407) 835-6769 | Fax: (407) 849-7214
[E-Mail](#) | [Website](#)

FILED

2020 MAY 19 AM 7:58

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. VIP TOURS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEF 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. 101 S. Fort Lauderdale Beach Blvd.
(Street Address of Principal Office)
Unit 2206
Fort Lauderdale, FL 33316
6. 101 S. Fort Lauderdale Beach Blvd.
(Mailing Address)
Unit 2206
Fort Lauderdale, FL 33316
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Company of Orlando

Office Address: 300 S. Orange Avenue, Suite 1600 (SAR)

Orlando, Florida 32801
(City) (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.

CORPORATION COMPANY OF ORLANDO

By: Michael L. Gore
(Registered agent's signature)

Michael L. Gore, Vice President

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 checked="" type="checkbox"/> Manager | Name: | I. William Jones | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | 101 S. Fort Lauderdale Beach | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized | | Bldg. Unit 2206 | | <input type="checkbox"/> Authorized | | | |
| Person | | Fort Lauderdale, FL 33316 | | Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |
| <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 | | | |
| <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 indexed 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.

I. William Jones

Signature of an authorized person

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,


VIP TOURS LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 20, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000750690**.

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 19th day of May, 2020 at 6:43 AM. This certificate is assigned ID Number 036789842.




Secretary of State

2020 MAY 19 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

STATE OF WYOMING • SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020

Phone 307-777-7311

Website: <https://sos.wyo.gov> · Email: business@wyo.gov

Validation of Certificate of Good Standing for
Certificate Issued 05/19/2020

Validation Certificate Generated: May 19, 2020

Certificate number 036789842 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for **VIP TOURS LLC**, a **Limited Liability Company** formed or qualified under the laws of Wyoming on **04/20/2017**.