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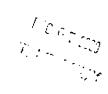
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## COVER LETTER

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TO: \*\* Registration Section Division of Corporations

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SUBJECT:	A & II PRIVA	TE LUXURY TRAVEL, LLC		
	Name	of Limited Liability Company		
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida		
Please return	all correspondence concerning this matter to	the following:		
	Processing Department			
	Name of Person			
	MyCorporation Business Services, Inc.			
Firm/Company				
	26025 Mureau Road Suite 120			
Address				
Calabasas, CA 91302				
City/State and Zip Code				
	E-mail address: (to be	used for future annual report notification)		
For further in	nformation concerning this matter, please call	l:		
Pro	cessing Department	877 692-6772 at ()		
	Name of Contact Person	at ()		
<u>Ma</u>	iling Address:	Street Address:		
Re	gistration Section	Registration Section		
Div	rision of Corporations	Division of Corporations		
P.C	D. Box 6327	The Centre of Tallahassee		
Tal	lahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl., 32303		
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP.			
= :	Certificate o			

### 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: A & H PRIVATE LUXURY TRAVEL, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name anavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.C.") New York (Jurisdiction under the law of which toreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty hability) 1440 Villa Juno Dr S (Street Address of Principal Office) North Palm Beach, FL 33408 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Legaline Corporate Services Inc. Name: 5237 Summerlin Commons, Suite 400 Office Address: Fort Myers . Florida (City) 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.

Dona Case	
(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: Title or Capacity: Name and Address: Name and Address: Name: Letizia Abruzzini-Hughes Manager 🗎 □ Manager Name: \_\_\_\_ Address: \_\_\_\_ □Member □Member Address: Juno Beach, FL 33408 ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_\_ ☐ Other □Other □Manager Name: □Manager Name: \_\_\_\_\_ □ Member ☐ Member Address: \_\_\_\_\_ Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Other □Manager Name: \_\_\_\_\_\_ □Manager Name: \_\_\_\_\_ □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, 1 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. 11-9-2020

Typed or printed name of signee

Letizia Abruzzini-Hughes

## State of New York Department of State } ss:

I hereby certify, that A & B PRIVATE LUXURY TRAVEL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/14/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment A & B PRIVATE LUXURY TRAVEL, LLC, changing its name to A & H PRIVATE LUXURY TRAVEL, LLC, was filed 03/30/2017.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of November two thousand and twenty.

Braden C. Higher

Brendan C Hughes
Executive Deputy Secretary of State