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A)	Requestor's Name)	
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Special Instructions t	o Filina Officer	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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NAME: TRAVEL CONTENT LLC								
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EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Travel Content LLC			
		of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.		
Please return	1 all correspondence concerning this matter to	the following:		
	James Cridlan			
	-	Name of Person		
	Travel Content LLC			
		Firm/Company		
c/o lnk, Blackburn House, Blackburn Road				
Address				
London NW6 1RZ, United Kingdom				
	Ci	ty/State and Zip Code		
	james.cridlan@ink-global.com			
	E-mail address: (to be	used for future annual report notification)		
For further in	nformation concerning this matter, please call	l:		
Jar	mes Cridlan	+44 207 625 0871		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
	iling Address:	Street Address:		
	gistration Section	Registration Section		
	vision of Corporations	Division of Corporations		
	D. Box 6327	The Centre of Tallahassee		
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Travel Content LLC

(it name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The a	alternate name must include "Limited Liability Company," "L	L.C," or "LLC.")		
Delaware 2		3.	84-2984620			
(Jurisdiction under the law of which foreign limited hability company is organized)		٥	(FEI number, if applicable)	(FEI number, if applicable)		
01 April 2021 4						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration ine penalty li) iability)			
806 S. Douglas Road, Suite 300, 5.		6.	c/o Ink			
(Street Address of Principal Office)		0	(Mailing Address)			
Coral Gables,		E -	Blackburn House, Blackburn Road			
FL 33134		London NW6 1RZ, United KIngdom				
 Name and <u>street addres</u> Name: 	ss of Florida registered agent: (P.O. Box Corporation Service Company	<u>NOT</u> ac	cceptable)	2021 835		
	1201 Hays Street		PH	Angel Control		
Office Address:			and the second s	·~		
Office Address:	Tallahassee		32301	'-		
Office Address:	Tallahassee (City)		, Florida	٠.		

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: Name: ____ Name: Michael D Keating □Manager □Manager c/o lnk - Blackburn House c/o lnk - Blackburn House □ Member ☐ Member Blackburn Road Blackburn Road **■** Authorized **■** Authorized London NW6 1RX UK London NW6 1RX UK Person Person Other Other Other □Other Name: Simon Leslie Name: Lynnwood Bibbens □ Manager ■ Manager c/o ink - Blackburn House 806 S. Douglas Road, □Member □ Member Suite 300, Coral Gables Blackburn Road ■ Authorized ☐ Authorized London NW6 1RX UK FL 33134 Person Person □Other _____ □Other □Other_____ □Other__ ___ _]Manager Name: ______ □Manager Name: ______]Member Address: □Member Address: lAuthorized ☐ Authorized Person Person □Other_____ □Other_____ □Other ___ _ portant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonlexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information mitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. James Pampisall Signature of an authorized person James Campbell

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRAVEL CONTENT LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTEENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAVEL CONTENT LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 202752496

Date: 03-17-21