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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Navitaire LLC

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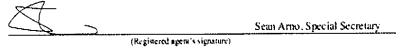
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

Navitaire LLC				
(Name of Foreign 1	Limited Liability Company, must include "Limite	d Liability Com	ipany," "L.L.C.," or "LLC.")	
f name unavailable, enter altermie n	ame adopted for the purpose of transacting business in F	onda. The alterna	ite name must include "Limited Liability U	ompany," "L.L.C," or "LLC,")
Delaware		3		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
l.				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty liabili	iy)	
333 South Seventh Street Suite 1700			South Seventh Street Suite 17	
5. Street Address of Principal Office) 6			(Mailing Address)	
Minneapolis, MN 55402		Min	neapolis, MN 55402	
				2021 JUN - 7 小人工 分配
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	1-7 PM
Name:	Corporate Creations Network Inc.		<u> </u>	
Office Address:	801 US Hwy 1		_	rn.
	North Palm Beach		33408 , Florida	
	(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.



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: Luis Maroto	■Manager	Name: Julia Sattel
□Member	Address:	□Member	Address:
□Authorized	333 South Seventh Street Suite 1700	□Authorized	333 South Seventh Street Suite 1700
Person	Minneapolis, MN 55402	Person	Minncapolis, MN 55402
□Other	Other	□Other	Other
■Manager	Name:	■Manager	Name: Ana de Pro
□Member	Address:	□Member	Address:
☐Authorized	333 South Seventh Street Suite 1700	□Authorized	333 South Seventh Street Suite 1700
Person	Minneapolis, MN 55402	Person	Minneapolis, MN 55402
□Other	□Other	Other	200 JUN
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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	
Sean Arno, Attorney-in-Fact		
	Typed or printed name of signer	

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAVITAIRE 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 SEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAVITAIRE LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2000.

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



3278964 8300 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203377570

Date: 06-07-21