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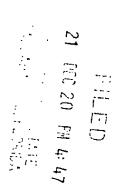
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COVER LETTER

TO:

Name o	f Limited Liability Company
	mpany for Authorization to Transact Business in Florida," erenced foreign limited liability company to transact busine
urn all correspondence concerning this matter to the	
Carol Ann Born	
	Name of Person
Born for Travel, Ilc	
	Firm/Company
2254 Hidden Lake	Trail
	Address
Ortonville, MI 4846	2
	State and Zip Code
Carol.Born@BornFo	orTravel.com
E-mail address: (to be us	ed for future annual report notification)
er information concerning this matter, please call:	
Carol Ann Born	₃₁ ,248 \ 891-9116
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section
P.O. Box 6327	Clifton Building 2661 Executive Center Circle

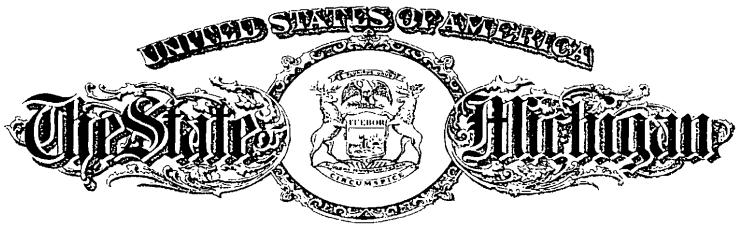
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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: Born for Travel, Ilc (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, 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.L.C." Michigan 01/01/2022 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 2254 Hidden Lake Trail
(Street Address of Principal Office) Ortonville, MI 48462 Ortonville, MI 48462 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

(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]: Name and Address: Title or Capacity: **Title or Capacity:** Name and Address: Name: Carol Ann Born Manager | Manager Name: 2254 Hidden Lake Trail Member Address: Ortonville, MI 48462 Authorized Authorized Person Person Other Other _____ Other___ Other____ Manager Manager Member Address: Member Address: _____ Authorized Authorized Person Person Other Other Other Other Manager Name: Manager Member Member Address: 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. 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

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number, 21110522608

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of November, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

CCT 2 3 2014 This cocument is effective on the dute field in-less a baselous reflective of the dute field in-less a baselous reflective document. OCT 23 2014	CORPORATIO	NS, SECURITIES & COMMERCIAL LIC	ENSING BUREAU
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Procuring MI 48462 EFFECTIVE DATE: Document will be returned to the name and address you enter above. If left blank, document will be returned to the registered office.			IV. CHICK SUNN
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