

M22000012466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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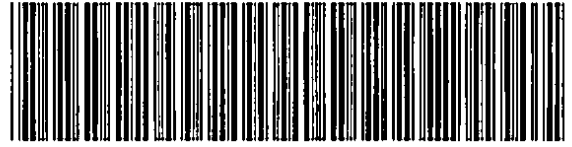
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2022 AUG -1 07:12:38

AUG 10 2022

M. SOLOMON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Red Bow Travel LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tracy Bembenek

Name of Person

Red Bow Travel

Firm/Company

13220 Briarwood Trace

Address

Carmel, IN 46033

City/State and Zip Code

tracy@redbowtravel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Bembenek

317

431-4309

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

2022 AUG -1 PM 12:30

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Red Bow Travel LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," "LTD. CO.," or "LIMITED")

(If name is not suitable, enter alternate name adopted for the purpose of transacting business in Florida. This alternate name must include "Limited Liability Company," "LLC," "LTD. CO.," or "LIMITED")

2. Indiana  
(Jurisdiction under the law of which foreign limited liability company is organized)  
3. (If it exists, if applicable)

4. 3-17-2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0902, F.S., to determine potential liability.)

5. 13220 Briarwood Trace  
(Street Address or Principal Office)  
Carmel, IN 46033

6. 13220 Briarwood Trace  
(Mailing Address)  
Carmel, IN 46033

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

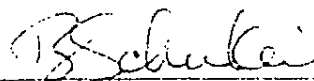
Name: Brandon Schukei

Office Address: 1251 Emerson Park Blvd #201

Celebration 34747  
City, Florida (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.



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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:	Tracy Bembenek		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	13220 Briarwood Tree		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized	City State ZIP:	Carmel, IN 46033		<input type="checkbox"/> Authorized			
Person		Owner		Person			
<input checked="" type="checkbox"/> Other		Owner		<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 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

Tracy L Bembenek

Typed or printed name of signer

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**RED BOW TRAVEL LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 19, 2022, and was in existence or authorized to transact business in the State of Indiana on July 21, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 21, 2022

HOLLI SULLIVAN  
SECRETARY OF STATE

202201191558400 / 20222686724

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on August 20, 2022.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2022

TRACY BEMBENEK  
13220 BRIARWOOD TRACE  
CARMEL, IN 46033 US

SUBJECT: RED BOW TRAVEL LLC  
Ref. Number: W22000079462

We have received your document for RED BOW TRAVEL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

We have received your document for RED BOW TRAVEL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):