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(Requestor's Name)

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(Address)

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T. LEMIEUX
SEP -7 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Travel Simplicity, 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:

Peter J. Russo, Esquire

Name of Person

Law Offices of Peter J. Russo, P.C.

Firm/Company

245 Grandview Avenue, Suite 102

Address

Camp Hill, PA 17011

City/State and Zip Code

prusso@pjrlaw.com

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

For further information concerning this matter, please call:

Peter J. Russo

717

591-1755

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**

**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:

1. Travel Simplicity, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Travel Simplicity of PA, 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 "LLC.")

Pennsylvania

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0924312
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 624 Pintail Drive
(Street Address of Principal Office)

6. 624 Pintail Drive
(Mailing Address)

Goldsboro, PA 17319

Goldsboro, PA 17319

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

Name: Cheryl Malovic

Office Address: 156 Willow Falls Trail

Ponte Vedra, Florida 32081
(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.

Cheryl Malovic

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TALLAHASSEE, FLORIDA

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:**

☒ Manager Name: Jason Holland

☐ Member Address: 624 Pintail Drive

☐ Authorized Goldsboro, PA 17319

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Peter J. Russo

☐ Member Address: 245 Grandview Avenue

☒ Authorized Suite 102

Person Camp Hill, PA 17011

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

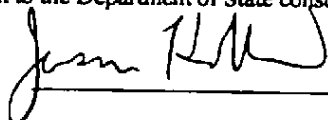
Person _____

☐ Other _____ ☐ 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

Jason Holland

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/04/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Travel Simplicity LLC

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify
that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Dec 16, 2015 Effective Jan 1, 2016 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth