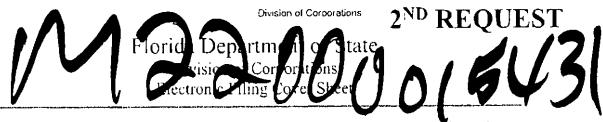
10/5/22, 9.07 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003414103)))



H226003414103ABCR

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC

Account Number : I2009000001 : (239)213-0066 Phone : (239)213-0698 Fax Number

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

Email Address: erinm@advocatetax.com

#### Foreign Limited Liability Company Ivory Travel, LLC

Certificate of Status	U
Certified Copy	U
Page Count	05
Estimated Charge	\$125.00

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## 2<sup>ND</sup> REQUEST

#### COVER LETTER

(((H22000341410 3)))

Ivory Travel, LLC JECT:					
	Name of Limited Liability Company				
enclosed "Application by Foreign Limited Liabili- tence, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida." (we referenced foreign limited liability company to transact busine	leit ss ii			
se retern all correspondence concerning this matte	er to the following:				
Erin Meyer					
	Name of Person				
Advocate Consulting Legal Group,	PLLC				
	Firm/Company				
3555 Kraft Road, STE 240					
	Address				
Naples, FL 34105		:			
	City/State and Zip Code				
erinm@advocatetax.com					
E-mail address: (to	be used for future annual report notification)				
further information concerning this matter, please	call:				
Erin Meyer	239 213-0066				
Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
Tananassee, FL 525 (4	Tallahassee, FL 32303				

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Page: 4 of 6

#### 2<sup>ND</sup> REQUEST (((H22000341410.3)))

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

IN COMPLIANCE WITH SECTION (05.002, FLORID) STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY/TOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Ivory Travel, LLC (Name of Foreign Limited Liability Company, must metad: "Limited Liability Company," "L.L.C.," or "LLC") (if name analysisable, omer alternate name anopted for the purpose of transacting business in Florida. The alternate name must include "Limited Unability Company," (U.C." or "U.C.") Delaware (he soliction is elective him at solich beregin bins ed habiting company is organized) (Date that trenslated business in Florida, if prior to regulation.) (See sections 695-6904 & 605-6905, F.S. to determine penalty liability). 6. CT Corporation System (Mailing Address) C T Corporation System (Street Address of Principal Office) 1200 S Pine Island Rd #250 1200 S Pine Island Rd #250 Plantation, FL 33324 Plantation, FL 33324 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 S Pine Island Rd #250 Office Address: Plantation Florida (C'cy) 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. CALLATURICAL Accistant Scoretary (Registered agent's signature)

DocuSign Envelope ID: 012B2200-E036-4405-9AEE-4041CEFEC55F

#### 2<sup>ND</sup> REQUEST (((H22000341410.3)))

18134256350

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [ep to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>u</u>	Name and Address:
■Manager	Name: Date Fedewa	□ Manager	Name:	
⊒Member	Address:	□Member	Address:	
Authorized	1200 S Pine Island Rd #250	☐ Authorized		
Person	Plantation, FL 33324	Person	······	
□Other	□ Other □ □ □			DOther
⊒Manager	Name:	⊞Manager	Name:	
□Member	Address:	∃Member	Address:	
TAuthorized		☐ Authorized		
Person		Person	<del></del>	
□Other	Other	□Other	<del>-</del>	TiOther 7822 (ICT)
□Manager	Name:	□Manager	Name:	DCT -6
□Member	Address:	□Member	Address: _	<u></u>
Authorized		— Authorized		?
Person		Person		<u></u>
□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 both 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.

	Dale Folia
	Signature of an nutborized person
Dale Fedewa	
	Typed or printed name of rigis c

# $2^{ND} \ REQUEST \quad \text{(ICH22000341410 3)} \text{II}$ Delaware

I. JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVORY TRAVEL, 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2022.

7030779 8300 SR# 20223627435

You may verify this certificate on me at corp delaware goo/authiver shem

Authentication: 204491936 Date: 09-77-22