

10/5/22, 9:07 AM

Division of Corporations

2ND REQUEST

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M2200034141031

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H220003414103ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC

Account Number : I20090000001

Phone : (239)213-0066

Fax Number : (239)213-0698

2022 OCT -6 PM 2:16

****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

2022 OCT -6 PM 4:16

Foreign Limited Liability Company
Ivory Travel, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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S. FRANKLIN
OCT 07 2022

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2ND REQUEST

(((H22000341410 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ivory 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:

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)

For further information concerning this matter, please call:

Erin Meyer

239

213-0066

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

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2ND REQUEST (((H220003414103)))

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA'S STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ivory Travel, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware 92-0376037
(Jurisdiction under the law of which Foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

5. C T Corporation System (Street Address of Principal Office)
1200 S Pine Island Rd #250
Plantation, FL 33324

6. C T Corporation System (Mailing Address)
1200 S Pine Island Rd #250
Plantation, FL 33324

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

Name: C T Corporation System
Office Address: 1200 S Pine Island Rd #250
Plantation, Florida 33324
(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.

Christine Kelm
Assistant Secretary
(Registered agent's signature)

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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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<input checked="" type="checkbox"/> Manager	Name: Dale Fedewa	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: CT Corporation System	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	1200 S Pine Island Rd #250 Plantation, FL 33324	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

DocuSigned by

Dale Fedewa

155812563502404

Signature of an authorized person

Dale Fedewa

Typed or printed name of signer

2ND REQUEST

(((1122000341410 3)))

Delaware

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The First State

I, JEFFREY W. RULOCK, 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.

793C779 8300
SR# 20223627435
You may verify this certificate online at corp.delaware.gov/authver.shtml




Jeffrey W. Rulock, Secretary of State

Authentication: 204491936
Date: 09-27-22

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