

10/20/22, 12:13 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE LICENSE COMPANY LLC
Account Number : I20210000181
Phone : (844)484-2466
Fax Number : (888)204-8716

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

Email Address: INFO@THELICENSECOMPANY.COM

Foreign Limited Liability Company**Travelology Travel Agency LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travelology Travel Agency 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:

The License Company LLC

Name of Person

The License Company LLC

Firm/Company

55 E Granada Blvd Unit 1415

Address

Ormond Beach, FL 32175

City/State and Zip Code

info@thelicensecompany.com

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

For further information concerning this matter, please call:

The License Company LLC at 844 484-2466
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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**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:

Travelology Travel Agency 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.")

CA

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

88-3361042

(FBI number, if applicable)

(Date first transacted business in Florida (if prior to registration).
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)**831 WINDCREST DR**

(Street Address of Principal Office)

831 WINDCREST DR

(Mailing Address)

CARLSBAD, CA 92011**CARLSBAD, CA 92011**

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

Name:

Roger Ball

Office Address:

290 Stanhope Circle**Naples**

Florida

34104

(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.

Roger Ball

(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)

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

☒ **Manager** Name Tracy Ball

☐ **Member** Address 831 Windcrest Dr

☐ **Authorized** Carlsbad, CA 92011

☐ **Person** _____

☐ **Other** _____

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

☒ **Manager** Name Michelle Fisher

☐ **Member** Address 831 Windcrest Dr

☐ **Authorized** Carlsbad, CA 92011

☐ **Person** _____

☐ **Other** _____

☐ **Manager** Name _____

☐ **Member** Address _____

☐ **Authorized** _____

☐ **Person** _____

☐ **Other** _____

☐ **Manager** Name _____

☐ **Member** Address _____

☐ **Authorized** _____

☐ **Person** _____

☐ **Other** _____

☐ **Manager** Name _____

☐ **Member** Address _____

☐ **Authorized** _____

☐ **Person** _____

☐ **Other** _____

☐ **Manager** Name _____

☐ **Member** Address _____

☐ **Authorized** _____

☐ **Person** _____

☐ **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.

Tracy Ball

Signature of an authorized person

Tracy Ball

Typed or printed name of signer

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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Travelology Travel Agency LLC
Entity No.: 202251416140
Registration Date: 07/07/2022
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 13, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 052497732

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.