11/29/22, 12:33 PM

Florida Department of State
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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : C T CORPORATION SYSTEM
        Account Number  : FCA000000023
        Phone           : (954)208-0845
        Fax Number      : (614)573-3996
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

        Email Address:_____

Foreign Limited Liability Company
JPMorgan Chase Travel LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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S. FRANKLIN

NOV 3 0 2022

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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:

1. JPMORGAN CHASE TRAVEL, LLC

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

2. Delaware

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

3. 92-0759828

(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. 383 Madison Avenue

(Street Address of Principal Office)

New York, NY 10179

6. 383 Madison Avenue

(Mailing Address)

New York, NY 10179

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

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.

C T Corporation System
By: Michele Lamagna, Assistant Secretary *Michele Lamagna*

(Registered agent's signature)

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: Allison Phinney Beer

☐ Member   Address: 383 Madison Avenue

☐ Authorized   New York, NY, 10179

Person

☐ Other_____   ☐ Other_____

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

⊡ Manager   Name: Jason R Wynn

☐ Member   Address: 383 Madison Avenue

☐ Authorized   New York, NY, 10179

Person

☐ Other_____   ☐ Other_____

☐ Manager   Name: Andrea Belen Daneri

☐ Member   Address: 383 Madison Avenue

⊡ Authorized   New York, NY, 10179

Person

☐ Other_____   ☐ Other_____

☐ Manager   Name: Rachel E. Horn

☐ Member   Address: 383 Madison Avenue

⊡ Authorized   New York, NY, 10179

Person

☐ Other_____   ☐ Other_____

☐ Manager   Name: Chike N. Egbuniwe

☐ Member   Address: 383 Madison Avenue

⊡ Authorized   New York, NY, 10179

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

Chike Egbuniwe
Signature of an authorized person

Chike N. Egbuniwe
_____
Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JPMORGAN CHASE 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 SEVENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

7093441 8300

SR# 20223952484

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204793440

Date: 11-07-22