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To:

Division of Corporations
Fax Number : (350)617-5323

From:

Account Name : AMBAR DIAZ, P.A.
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Phone : (305)476-8100
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Foreign Limited Liability Company CAYMAN TRAVEL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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APPROVED
AND
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((H22000372330.3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CAYMAN TRAVEL SERVICES LLC

(Name of Foreign Limited Liability Company, and include "Limited Liability Company," "LLC," or "LLP")

(If none, no website, or if otherwise, only a link for the purpose of transacting business in the state. For example, only one link to "Foreign Limited Liability Company," "LLC," or "LLP")

NEVADA

92.0651557

2. (State of incorporation of the foreign limited liability company)

(If none, no link, or if otherwise, only a link for the purpose of transacting business in the state)

3. (If the foreign limited liability company has a principal office in Florida, provide the address. If not, provide the address of the principal office in the state of incorporation.)

12841 SW 20TH ST

12841 SW 20TH ST

4. (a) Address of Principal Office:

(b) (City and State)

MIAMI, FL 33175

MIAMI, FL 33175

US

US

5. Name and street address of Florida registered agent (P.O. Box 200 acceptable)

Name: VLAHIMIR DELGADO CASTILLO

Office Address: 12841 SW 20TH ST

MIAMI

Florida

33175

(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.

(Signature of Registered Agent)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: VLADIMIR DELGADO CASTILLO	☐ Manager	Name: _____
☐ Member	Address: 12831 SW 20TH ST	☐ Member	Address: _____
☐ Authorized	MIAMI, FL 33175	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 605.02(3)(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 authorized person

VLADIMIR DELGADO CASTILLO

Typed or printed name of officer

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SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Cayman Travel Services LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/03/2022, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202212083215252

You may verify this certificate

online at <http://www.nvsos.gov>