Ma300001116

(Requestor's Name)					
(Add	lress)				
(Add	fress)				
(City	/State/Zip/Phone	#0			
City	/State/Zip/Fitone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nam	e)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				

Office Use Only



900399797389



45 11a8/a3

COVER LETTER

SOU BJECT:	THERN TRAVEL OF AUGUSTA, LI		
_	Namo	e of Limited Liability Company	
e enclosed "App istence, and chec	lication by Foreign Limited Liability C ck are submitted to register the above t	Company for Authorization to Transact Business in Florida." Certi referenced foreign limited liability company to transact business in	
ease return all co	rrespondence concerning this matter to	o the following:	
<u> </u>	MICHAEL KERBELIS		
-		Name of Person	
	SOUTHERN TRAVEL OF AUGUSTA		
_		Firm/Company	
1	949 W COUNTY ROAD 419 STE	1251 温泉 1	
_		Address S	
(OVIEDO, FL 32766	AE 22	
-	C	ity/State and Zip Code	
mi	chael@southerntravelagency.com		
	· ·	used for future annual report notification)	
or further informa	ation concerning this matter, please cal	N:	
Michael F		706 726-1041	
		at () Area Code Daytime Telephone Number	
	Name of Contact Person	Area Code Paytine Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
	of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
rananassee, fil 52514		Tallahassee, FL 32303	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABIL. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company: must include "Limite	d Liability	y Company," "I.,L.C" o	r "DIC.")		
(II name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	londa, The	alternate name must include	"Limited Liability Com	pany," "L	.L.C," or "LLC."
GEORGIA 2.		3.	51-0466520	, -₁¹ <u>·</u>	2023	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		-	(FEI number, if applie		, mar.
4				<u>ئۆ</u> ر.	9	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty	n) liability)	<u> </u>	PH	- 45-83 - 45-83
1949 W COUNTY RO	AD 419		1949 W COHNTY	ROAD 419 0	ယ္ သ	لو
5. (Street Address of Principal Office)	, 	v.	(Mailing Address)	ir.	\sim	
STE 1251			STE 1251			
OVIEDO, FL 32766			OVIEDO, FL 3276	6		
7. Name and street address	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> :	acceptable)			
Name:	MICHAEL KERBELIS		. <u> </u>			
Office Address:	1619 TIVERTON STREET					
	WINTER SPRINGS		32 , Florida	708		
	(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.

(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: MICHAEL KERBELIS	□Manager	Name:
■Member	Address: 1619 TIVERTON STREET	□Member	Address:
□Authorized	WINTER SPRINGS, FL 32708	□Authorized	
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	Address:9 PH 3: 22
Person		Person	<u> </u>
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□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.

Signature of an authorized person

MICHAEL KERBELIS

Typed or printed name of signee

Control Number: 0315881

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SOUTHERN TRAVEL OF AUGUSTA, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, instatement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24077815
Date Inc/Auth/Filed: 03/14/2003
Jurisdiction : Georgia
Print Date : 12/08/2022

Form Number : 211



Brad Raffonsperger