

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000544513)))



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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:		

### Foreign Limited Liability Company ExploreNut Travels LLC

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

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#### COVER LETTER

·········	BJECT:Name of Limited Liability Company			
The enclosed " Existence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florelerenced foreign limited liability company to transact	orida," Certificate o business in Florida	
Please return a	Correspondence concerning this matter t	o the following:		
	The License Company LLC			
	<u> </u>	Name of Person		
	The License Company LLC			
		Firm/Company	<u></u>	
	55 E Granada Blyd Unit 1415			
		Address		
	Ormond Beach, FL 32175			
		Tity/State and Zip Code	·	
	info@thelicensecompany.com	nyonie ino zip exic	 ••	
		sused for future annual report notification)	<del></del>	
For further info	rmation concerning this matter, please ca			
The L	icense Company LLC	844 484-2466		
	Name of Contact Person	at ()  Area Code Daytime Telephone Number	ber	
MailingAddress: Registration Section		StreetAddress: Registration Section		
Division of Corporations		Division of Corporations		
	Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

+((H23000054451.3)))

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

INCOMPLANTOTRANSACTED ASPENSION OF SOME PLOYIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGON LIMITED HABILITY COMPANY TO TRANSACT TRUSPINENT INTERSECTED AND INCOMPANY TO TRANSACT TRUSPINENT INTERSECTED AND INCOMPANY. "L.C." or "L.C."

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 viginature)

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<ol><li>For initial indexing purposes, list names.</li></ol>	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 Capacit	<u>Y:</u>	Name and	Address:
■Manager	Name: HARSHAL PATEL	∐Manager	Name:		
□Member	Address: 575 Watercress Dr	□ Member	Address:		<u> </u>
□Authorized	Aurora, Illinois 60504	☐ Authorized			···
Person		Person			· <del>-</del> ·
□Other		☐ Other		□Other	
□Manager	Name:	∏Manager	Name:		<del></del>
□Member	Address:	☐ Member	Address:		
□Authorized		□ Authorized	<del></del>		:-
Person		Person			· •
□Other		Other		□Other	<u>,=</u>
					•
□Manager	Name:	□Manager	Name:	<del></del>	
□Member	Address:	□Member	Address:		<i>(</i> ^^
□Authorized		☐ Authorized			. <u>.</u>
Person		Person			
□Other	□ 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.

	harshal p	ratel	
	Signature of	an authorized person	
HARSHAL PATEL			
	Typed or pr	inted name of signer	

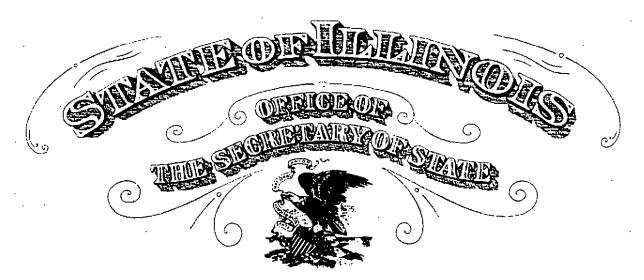
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#### File Number

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## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EXPLORENUT TRAVELS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 16, 2021, AND HAVING ADOPTED THE ASSUMED NAME OF AIRFARE CHARGE ON FEBRUARY 10, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of FEBRUARY A.D. 2023

Authentication #: 2304101810 verifiable until 02/10/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE