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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

### Foreign Limited Liability Company BETTY BROWN TRAVEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

V COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. "OMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Betty Brown Travel, LLC

ahoma		, 3:	3-2182515	
risdiction under the law of v	shich foreign lumied liability company is orga	nized)	(FEI number, if app.	licable)
	(Date first transacted business in Florid	a. il arior to registration.)		
	(See sections 605 0904 & 605 0905), F	S to determine penalty liab	quà)	
01 4th St N STE 30		6. <u>-</u>	01 4th St N STE 300	
ddress of Principal Other)			(Mailing Address)	
Petersburg FL 3370	02	St.	Petersburg FL 33702	
me and street addre	ss of Florida registered agent: (F	P.O. Box <u>NOT</u> acc	eptable)	2024
me and <u>street addre</u> Name:	ss of Florida registered agent: (F	P.O. Box <u>NOT</u> acc	eptable)	2024 DEC - 6
		P.O. Box <u>NOT</u> acc	eptable)	
Name:	Registered Agents Inc	P.O. Box <u>NOT</u> acc	eptable) 	ı

. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to anage [up to six (6) total]: itle or Capacity: Name and Address: Title or Capacity: Name and Address: Burgess, Rachel Burgess, Justin Name: Manager □Manager 7901 4th St N STE 300 | |Member Address: 7901 4th St N STE 300 Address: Member: St. Petersburg FL 33702 St. Petersburg FL 33702 lAuthorized □Authorized Person Person Other\_\_\_\_ Other □ Other\_\_\_\_\_ □ Other\_\_\_\_ Name: iManager. □ Munager Name: \_\_\_\_\_ Address: Address: \_\_\_\_ lMember □ Member Authorized Fi Authorized Person Person Other Other\_\_\_\_ ☐ Other\_\_\_\_\_ Other\_\_\_\_ Manager Name: Name: ⊔Manager Address: Member Address: \_\_\_\_\_ Authorized □ Authorized. Person Person □Other\_\_\_\_ □ Other Other portant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nondexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted) ). This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information bmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Robin Jones

Typed or printed name of signee

#### OFFICE OF THE SECRETARY OF STATE



# CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

IFURTHER CERTIFY that <u>BETTY BROWN TRAVEL, LLC</u> whose registered agent is <u>ODYSSEUS MANAGEMENT, LLC</u>, with its registered office at <u>724 EAST CENTER ROAD GOLDSBY 73093 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's functial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>5th</u>, day of <u>December</u>, 2024.

Secretary Of State