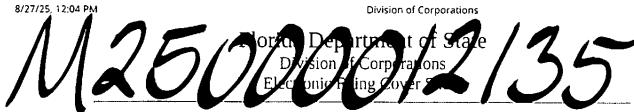
Division of Corporations



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.

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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.

Email Address:	

Foreign Limited Liability Company Travel For You LLC

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

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Corporate Filing Menu

Help

Aug 27, 2025 09:06 To: ~18506176383 Page; 2/4 Fax: 18134365206

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Travel For You LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "ELC.") If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.i. C." or "L.J.C.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 139 Village Ctr W STE 110 139 Village Ctr W STE 110 (Mailing Address) (Street Address of Principal Office) Woodstock GA 30188 Woodstock GA 30188 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: _ , Florida <u>__</u> St. Petersburg

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.

David Kidaris		_
	(Registered agent's signature)	

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ma	anage	up to	six (6	6) tota	ai]:																

Title or Capacity:	Name and Address:	Title or Capacity:	į	Name and Address:
⊠Manager	Name: Meccia, Ashley	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	139 Village Ctr W STE 110	□Authorized		
Person	Woodstock GA 30188	Person		
□Other	Other	□Other		□Other
□Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
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Other	Other	□Other		□Othern F.
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
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Person		Person		
□Other		□Other		□Other

<u>Important Notice:</u> 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.

- Robins Joney	•	
	Signature of un authorized person	
ROBIN JONES		
	Typed or printed name of signee	

Control Number: 24132938

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seaf of my office that

Travel For You 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, a statement 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 : 29870503 Date Inc/Auth/Filed: 07/05/2024 Jurisdiction : Georgia Print Date : 08/26/2025

Form Number : 211

1116

Brad Raffonsperger

Brad Raffensperger Secretary of State