



State of Rhode Island

Department of State - Business Services Division

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

REC'D RIDGESS
24 FEB 21 PM 1:30:55
TAMP
STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| | | |
|--|---------------------------|----------------|
| 1. The name of the limited liability company is: | | |
| Lakeland Tours, LLC | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No <input checked="" type="checkbox"/> | | |
| The name, if different, under which it proposes to register and transact business in Rhode Island is: | | |
| | | |
| 2. The LLC is organized under the laws of: Delaware | | |
| 3. The date of its organization is: 06/19/1998 | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | |
| Date certain for dissolution _____ | | |
| 4. The name and address of the resident agent/office in Rhode Island is: | | |
| Agent Name C T Corporation System | | |
| Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway Suite 7A | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02914 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | |
| Educational and experiential travel programs for students | | |
| Check the box to indicate an attachment | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 21 2024
BY ml 1670
1:30

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

218 West Water Street, Suite 400, Charlottesville, VA 22902

8. The mailing address for the limited liability company is:

218 West Water Street, Suite 400, Charlottesville, VA 22902

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

By its members (If you have checked this box, **DO NOT** fill out the chart below)

☒ By one (1) or more managers (List managers below)

| MANAGER | ADDRESS |
|--------------|---------|
| SEE ATTACHED | |
| | |
| | |
| | |

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

| | |
|---------------------------|------------|
| Type or Print Name of LLC | Date |
| Lakeland Tours, LLC | 01/18/2024 |

Signature of Authorized Person

STEPHANIE HENCZ, ASSISTANT SECRETARY

Stephanie Hencz

Lakeland Tours, LLC

Manager Details

| Name | Title | Address |
|--|-------|---------|
| Vivianne Akriche, Manager - 218 West Water Street, Suite 400, Charlottesville, VA 22902 | | |
| Sarah Sperry, Manager - 218 West Water Street, Suite 400, Charlottesville, VA 22902 | | |
| Sophie Flak, Manager - 218 West Water Street, Suite 400, Charlottesville, VA 22902 | | |
| David Kirchhoff, Manager – 218 West Water Street, Suite 400, Charlottesville, VA 22902 | | |
| Henri Domange, Manager – 218 West Water Street, Suite 400, Charlottesville, VA 22902 | | |
| Antonin de Margerie, Manager - 218 West Water Street, Suite 400, Charlottesville, VA 22902 | | |
| Kenneth Wong, Manager - 218 West Water Street, Suite 400, Charlottesville, VA 22902 | | |

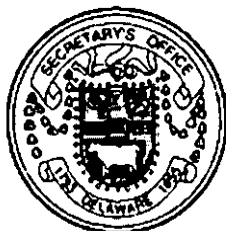
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LAKELAND TOURS, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



2910793 8300

SR# 20240311848

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202710714

Date: 01-31-24



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 21, 2024 01:30 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

