



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: <b>CHECK ONE BOX ONLY</b>		
<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 (NOT 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

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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 Lakeland Tours, LLC	Date 01/18/2024
Signature of Authorized Person  STEPHANIE HENCZ, ASSISTANT SECRETARY	

# 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

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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](http://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