STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

PURPOSE: In order to form a Business Corporation (formerly known as For-Profit Corporation) under Section 10A-1-3.05 and 10A-2-2.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation's initial registered office is located. The information required in this form is required by Title 10A.

INSTRUCTIONS: Submit one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the

20170606000199270 1/4 \$159.00 Shelby Cnty Judge of Probate, AL 06/06/2017 01:59:17 PM FILED/CERT

(For County Probate Office Use Only)

corporation's registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link — you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your corporation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

This form must be typed or laser printed.

1.	The name of the corporation (must contain the word "corporation" or "incorporated," or the abbreviation of
	one of those words, and comply with <u>Code of Alabama</u> Title 10A-1-5.04):

Marcum Travel Consulting, LLC

2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.

(For SOS Office Use Only)

This form was prepared by: (type name and full address)
Kristin Nichole Capps Marcum
104 Elyton Drive
Birmingham, AL 35242

DB Corp Cert of Formation - 6/2016

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DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

3.	Street (No PO Boxes) address of principal office of the corporation: 104 Elyton Drive Birmingham, AL 35242	
	Mailing address of principal office (if different from street address): 20170606000199270 2/4 \$159.00 Shelby Cnty Judge of Probate: AL 270 Doug Baker Blvd Suite 700-318 Birmingham, AL 35242	
4.	The name of the Registered Agent: Kristin Nichole Capps Marcum Street (No PO Boxes) address of Registered Agent: 104 Elyton Drive Birmingham, AL 35242	
	Mailing address of Registered Agent (if different from street address):	
	270 Doug Baker Blvd Suite 700-318 Birmingham, AL 35242	
5.	Purpose for which corporation is formed: to provide travel consulting services	
	: the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2 of the <u>Code of Alabama</u> .	
6.	Number of Shares the corporation is authorized to issue:Par Value	
	(Par value is optional information and does not have to be completed.)	
7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.		
8.	The name(s) of the Incorporator(s): Kristin Nichole Capps Marcum	
	Street (No PO Boxes) address of Incorporator(s): 104 Elyton Drive Birmingham, AL 35242	
	Mailing address of lncorporator(s) – (if	
	different from street address): 270 Doug Baker Blvd Suite 700-318 Birmingham, AL 35242 Attach a listing if more Incorporators need to be added.	
9.	Director's Name:	
	Street (No PO Boxes) address of Director:	
	Mailing address of Director(s) - (if different	
	from street address):	
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DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

Director's Name:	06/06/2017 01:59:17 PM FILED/CERT			
Street (No PO Boxes) address of Director:				
	Mailing address of Director(s) - (if different			
from street address):				
Director's Name:				
Street (No PO Boxes) address of Director:				
				Attach listing if more Directors need to be added.
any failure to take any action, as a director, e by a director to which he or she is not entitle	or its shareholders for money damages for any action taken, or except liability for (A) the amount of financial benefit received led; (B) an intentional infliction of harm on the corporation or $10A-2-8.33$; (D) an intentional violation of criminal law; or (E) ne corporation or its shareholders.			
Attached are any other provisions that are governance, business, or affairs of the cor	e not inconsistent with law relating to organization, ownership, poration.			
06 / 6 / 2017 Date (MM/DD/YYYY)	Signature as required by 10A-2-1.2			
	Kristin Nichole Capps Marcum Typed Name of Above Signature			

Typed Title/Capacity to Sign under 10A-2-1.20



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JOHN H. MERRILL SECRETARY OF STATE

ALABAMA STATE CAPITOL MONTGOMERY, AL 36130

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Marcum Travel Consulting, LLC

This name reservation is for the exclusive use of KRISTIN NICHOLE CAPPS MARCUM, 104 ELYTON DRIVE, BIRMINGHAM, AL 35242 for a period of one year beginning June 1, 2017 and expiring June 1, 2018.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

	June 1, 2017	
Date		

XX. Mill

John H. Merrill

Secretary of State

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