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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABC DESTINATIONS, LIMITED LIABILITY COMPANY  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT S. PARIS  
Name of Person

WCD TRAVEL, LLC  
Firm/Company

14401 S. MILITARY TRAIL, SUITE A-305  
Address

DELRAY BEACH, FLORIDA 33454  
City/State and Zip Code

PARIS 907 @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT PARIS at ( 914 ) 6296111  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is  check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

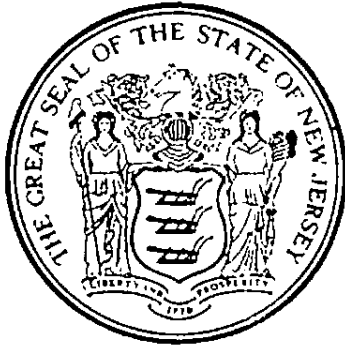
ABC DESTINATIONS LLC  
0600203829

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on May 19, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2017

I further certify that the registered agent and office are:

THOMAS PARIS  
C/O PKF O'CONNOR DAVIES LLP  
20 COMMERCE DRIVE  
CRANFORD, NJ 07016



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of October, 2017

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6083456422

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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

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

1. ABC DESTINATIONS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW JERSEY 3. 13-4114 979  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. THOMAS PARIS 40 DNF O'CONDORANES LLC 6. 14401 S. MILITARY TRAIL  
(Street Address of Principal Office) (Mailing Address)  
20 COMMERCE DRIVE DELRAY BEACH, FL. 33484  
CLANTON, N.J. 07016 SUITE A305

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: ROBERT S. PARIS  
 Office Address: 14401 S. MILITARY TRAIL SUITE A305  
DELRAY BEACH, FL 33484 Florida 33484  
(City) (Zip code)

NOV - 1 AM 7:4  
 SECRETARY OF STATE  
 PALM BEACH, FLORIDA

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.

[Signature]  
(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Member</u>	<u>ROBERT S. PARIS</u> <u>14401 S. MILITARY TRAIL</u> <u>SUITE A305</u> <u>DELRAY BEACH, FL 33484</u>	<u>Member</u>	<u>THOMAS PARIS</u> <u>221 WEST 82ND ST</u> <u>APT 2G</u> <u>NYC, NY 10024</u>

(Use attachments if necessary)

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.

[Signature]  
 Signature of an authorized person  
ROBERT S. PARIS  
 Typed or printed name of signer