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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2020

JAYME CASILLAS
14115 COVE LANDING DR.
APT:102
WOODBIDGE, VA 22191

SUBJECT: STORYBOOK WORLD TRAVEL LLC
Ref. Number: W20000009267

We have received your document for STORYBOOK WORLD TRAVEL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 320A00002176

RECEIVED
FEB 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Storybook World Travel LLC

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:

Jayne Casillas

Name of Person

Storybook World Travel

Firm/Company

14115 Cove Landing Dr Apt 102

Address

Woodbridge, VA 22191

City/State and Zip Code

JAYME@STORYBOOKWORLDTRAVEL.COM

E-mail address: (to be used for future annual report notification)

FILED
2020 FEB 24 PM 2:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jayne Casillas

910

442-8386

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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. Storybook World Travel LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(EFT number, if applicable)

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

5. 14115 Cove Landing Dr Apt 102
(Street Address of Principal Office)

6. 14115 Cove Landing Dr Apt 102
(Mailing Address)

Woodbridge, VA 22191

Woodbridge, VA 22191

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

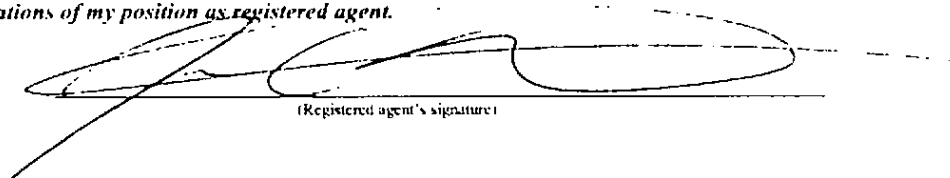
Name: Jason Russell

Office Address: 2604 Marg Lane

Kissimmee, Florida 34758
(City) (Zip code)

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.


(Registered agent's signature)

2022 FEB 24 PM 2:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

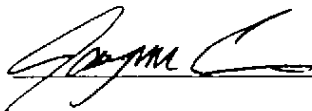
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jayme Casillas	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 14115 Cove Landing Dr	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Apt 102	<input type="checkbox"/> Authorized	_____
Person	Woodbridge, VA 22191	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Important Notice: 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.



Signature of an authorized person

Jayme Casillas

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That STORYBOOK WORLD TRAVEL LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

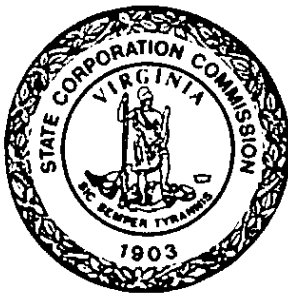
That the limited liability company was formed on January 10, 2020; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

2020 FEB 24 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Signed and Sealed at Richmond on this Date:

February 18, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission