

F140000054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

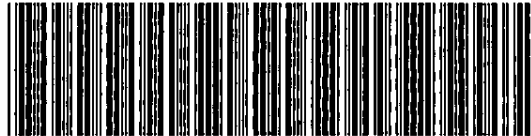
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

12/23/14 ch

Magical Vacation Planner

242 State Road 60 East
Mitchell, Indiana 47446

812-849-4604, Main Office
812-849-0913, Fax

December 18, 2014

Dear Florida Department of State,

Attached you will find our application for Fast Drop, Inc DBA Magical Vacation Planner to Register as a Business in the State of Florida.

Our Store Front Agency is located in Mitchell Indiana but we are in the process of hiring Independent Contractors who reside in the State of Florida. To have Independent Contractors who reside in the State of Florida we must register with the Florida Department of Agriculture for a Seller of Travel. They require that our Corporation be registered in the State of Florida, which is why we are sending this application.

The State of Indiana issues a State of Indiana Certificate of Existence but there is no "official" or "raised seal" copy. We had to pay for this certificate online \$21.42 and then it allows us to print of a copy. If you need to verify this information please call the State of Indiana 317-232-6576.

We have been in business since February 2006 with a storefront headquarters. I believe we are submitting all necessary paperwork. Please call me if you need additional information.

Thanks,


Jamie Ane Eubanks



Personal Care

Free, Expert Service

www.magicalvacationplanner.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fast Drop, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jamie Anne Eubanks

Name of Person

Fast Drop, Inc.

Firm/Company

242 State Road 60 East

Address

Mitchell IN 47446

City/State and Zip code

jamie @ magicalvacationplanner.com

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

For further information concerning this matter, please call:

Jamie Eubanks at (812) 583-4238

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Fast Drop, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 20-452490S
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Feb 17, 2006 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 242 State Road 60 East, Mitchell IN 47446
(Principal office address)
242 State Road 60 East, Mitchell IN 47446
(Current mailing address)

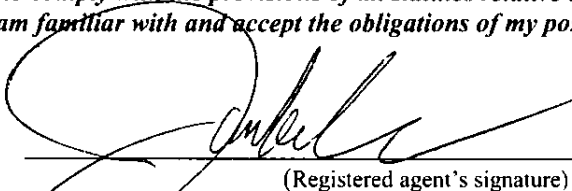
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jamie Ane Eubanks

Office Address: 13951 Talmage Loop
Hudson, Florida 34667
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gary Spear

Address: 242 State Road 60 East
Mitchell IN 47446

Vice Chairman: Jayda Eubanks

Address: 1106 Spice Valley Rd
Mitchell IN 47446

Director: James Pierce

Address: 2318 Spice Valley Rd
Mitchell IN 47446

Director: Anna Belle Pierce

Address: 2318 Spice Valley Rd
Mitchell IN 47446

B. OFFICERS

President: Jamie Ane Eubanks

Address: 1106 Spice Valley Rd
Mitchell IN 47446

Vice President: John Eubanks

Address: 1106 Spice Valley Road
Mitchell IN 47446

Secretary: Michelle Stroud

Address: 242 State Road 60 East, Mitchell IN
47446

Treasurer: Michelle Nancy Mundy

Address: 242 State Road 60 East, Mitchell IN
47446

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. JAMIE Ane Eubanks

(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

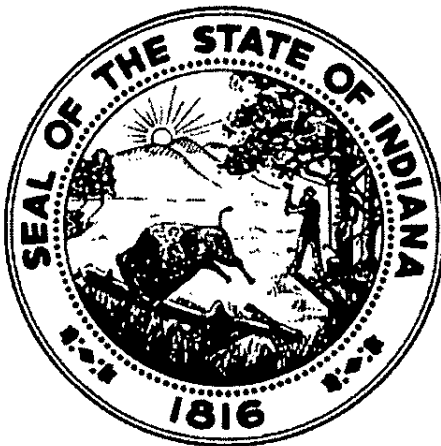
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FAST DROP, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 17, 2006, and was in existence or authorized to transact business in the State of Indiana on December 18, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of December, 2014.


Connie Lawson



Connie Lawson, Secretary of State


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 Linda: Hi, my name is Linda. How may I help you?

 jamie eubanks: I was just chatting with Rita but was disconnected

 jamie eubanks: i need to know where I can get a Certificate of Good Standing for our Corporation

 Linda: Please contact the Secretary of State Business Services Div @ 317-232-6576 Web Page:  <http://www.in.gov/sos/business/index.htm>

 jamie eubanks: thanks

[Print](#) | [Close Window](#)**Subject:** Payment Portal Receipt - www.IN.gov**From:** dev@smtp.ai.org**Date:** Thu, Dec 18, 2014 9:41 am**To:** jamie@magicalvacationplanner.com

Thank you for using the SOS Certificate of Existence online at www.IN.gov. Your transaction is complete. Your receipt identification number is 33766044. Please reference this number in any correspondence regarding your transaction.

Payer Information :

Jamie Eubanks

242 State Road 60 East

Mitchell, IN 47446

Phone : 888 - 888 - 8888**Email :** jamie@magicalvacationplanner.com**Account Information :**

4*****-0133 exp. 04/2016

Transaction Details :

Description	Unit Price	Quantity	Extended Price
SOS Certificate of Existence	\$19.00	1	\$19.00
Instant Access Fee	\$1.42	1	\$1.42
Enhanced Access Fee	\$1.00	1	\$1.00
			Total: \$21.42

The following amounts have been charged to your credit card. Your credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
SOS	\$21.42

The total amount charged to your credit card is \$21.42.

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FAST DROP INC.
DBA MAGICAL VACATION PLANNER

20-1
740 578

245

DATE 12-18-14

PAY TO THE
ORDER OF

Florida Dept. of State

\$87.50

Eighty seven dollars and 50/100

DOLLARS

1

Check
Number

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

Registering Corp in Florida

[Signature]

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168679700⑆0245