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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2020

ANGELA LARSON  
200 3RD AVENUE NE  
SUITE:300  
CAMBRIDGE, MN 55008

SUBJECT: STORYBOOK TRIPS, INC.  
Ref. Number: W20000038892

We have received your document for STORYBOOK TRIPS, INC. and your check(s) totaling \$78.75. 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: 120A00008216

**RECEIVED**

MAY 04 2020

D. SHERWOOD MCKINNIS  
CARRIE A. DOOM  
JACOB G. PETERSON  
JADE K. KLEMMENSEN

# MCKINNIS & DOOM

ATTORNEYS AT LAW

WWW.MCKINNISDOOM.COM

200 3RD AVENUE NE, SUITE 300  
CAMBRIDGE, MN 55008  
PHONE: 763-552-7777  
FAX: 763-689-4850

April 28, 2020

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

FILED  
2020 MAY -4 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: STORYBOOK TRIPS, INC.  
Ref. Number: W20000038892

To Whom it May Concern:

Enclosed herewith please find the following:

## *Certificate of Good Standing*

The enclosed is in response to Letter Number 120A00008216 dated April 20, 2020.  
Should you have any questions, please do not hesitate to contact our office.

Sincerely,

MCKINNIS & DOOM, P.A.



Jade K. Klemmensen, Esq.  
[jade@mckinnisdoom.com](mailto:jade@mckinnisdoom.com)  
Enclosures  
JKK/hmt

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Storybook Trips, 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:

Angela Larson

Name of Person

Storybook Trips

Firm/Company

200 3rd Avenue NE, Suite 300

Address

Cambridge, MN 55008

City/State and Zip code

angela@storybooktrips.com

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

For further information concerning this matter, please call:

Angela Larson

Name of Person

at ( 763 )

Area Code

689-0800

Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

Registration 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

2020 MAY -4 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. Storybook Trips, 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. Minnesota

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 07/18/2012

(Date of incorporation)

5.

(Date of duration, if other than 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. 1519 34th Avenue SW, Cambridge MN 55008

(Principal office address)

(Current mailing address, if different)

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

Name: Registered Agents Inc. - Bill Havre

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702

(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.

20 MAY -4 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

FILED

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

**A. DIRECTORS**

Chairman: Angela Larson ✓

Address: 1519 34th Avenue SW

Cambridge, MN 55008

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: John Larson ✓

Address: 1519 34th Avenue SW

Cambridge, MN 55008

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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2020 MAY -4 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Angela Larson ✓

Address: 1519 34th Avenue SW

Cambridge, MN 55008

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: John Larson ✓

Address: 1519 34th Avenue SW, Cambridge, MN 55008

Treasurer: John Larson ✓

Address: 1519 34th Avenue SW, Cambridge, MN 55008

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

12. Angela Larson

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Angela Larson, President

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

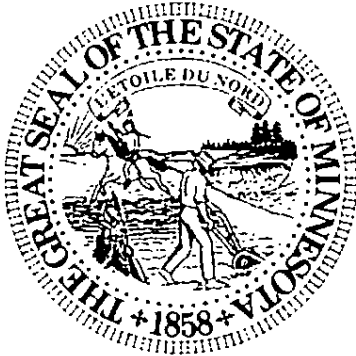
**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Storybook Trips, Inc.
Date Filed:	07/18/2012
File Number:	498541000026
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/28/2020

FILED  
2020 MAY -4 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota