

MD9000000477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

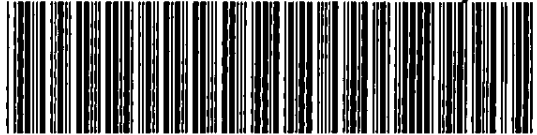
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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70 LLC

01/13/09--01020--017 \*\*125.00

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FILED  
09 FEB - 4 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

FEB 5 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

Designated Destinations, 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:

Lewis H West

(Name of Person)

Designated Destinations, LLC

(Firm/Company)

1354 Old Oak TRL

(Address)

Port Charlotte, FL 33948

(City/State and Zip Code)

For further information concerning this matter, please call:

Lewis West

(Name of Person)

at ( 978 ) 766-8785

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2009

LEWIS H. WEST  
DESIGNATED DESTINATIONS, LLC  
1354 OLD OAK TRL  
PORT CHARLOTTE, FL 33948

SUBJECT: DESIGNATED DESTINATIONS, LLC  
Ref. Number: W09000001975

FILED  
09 FEB - 4 AM 11: 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DESIGNATED DESTINATIONS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 509A00001468



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

Called 2/2/09  
will fax new CUS  
nc

January 28, 2009

LEWIS H. WEST  
DESIGNATED DESTINATIONS, LLC  
1354 OLD OAK TRL  
PORT CHARLOTTE, FL 33948

SUBJECT: DESIGNATED DESTINATIONS, LLC  
Ref. Number: W09000001975

We have received your document for DESIGNATED DESTINATIONS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 809A00003080

# fax

*Subject: FOREIGN LLC Certificate*

*cc:*

*Date: February 5, 2009*

*To: Nanette Cousseaux*

*Phone Number:*

*Fax Number: 8502456030*

*From: Designated Destinations, LLC*

*Phone Number: 941-979-9284*

*Fax Number:*

*Comments:*

Hello Ms. Cousseaux,

I finally received the proper form for completion of our foreign LLC certificate. I have attached it here and will send a copy to you through the mail.

Thank you so much for helping us through this.

We will be heading over to Charlotte County this afternoon to finally get the business up and running and I'm assuming they can check our status at the website if they have any further questions.

Please, if you have any questions, feel free to call me at 1-978-758-8281.

Again, I do appreciate your help with obtaining the correct certificate from MA.

Debbie Bianchi West,

Designated Destinations, LLC

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **Designated Destinations, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **Massachusetts**

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

3. **26-3132765**

(FEI number, if applicable)

4. **July 17, 2008**

(Date of Organization)

5. **Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **11 Riverside Ave, Unit 101**

**Danvers, MA 01923**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

**Lewis West 11 Riverside Ave, Unit 101, Danvers, MA 01923**

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **Shuttle Bus for chartered groups**

*Lewis West*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Designated Destinations, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are: ..

Lewis West

(Name)

1354 Old Oak TRL

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Port Charlotte, FL 33948

FL

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

Lewis West

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
09 FEB - 6 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02183*

January 30, 2009

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was  
filed in this office by

**DESIGNATED DESTINATIONS, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **July 17, 2008**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **NONE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **LEWIS H. WEST JR.**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **LEWIS H. WEST JR.**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Processed By:crm

FILED  
09 FEB - 4 AM 11:44  
SECRETARY OF STATE  
TALLMAN, SEATTLE, WA