

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000163363 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC Account Number : I20010000112

Phone : (302) 575-0875

Fax Number

: (302)575-1642

Enter the email address for this business entity to be used for file annual report mailings. Enter only one email address please.*
Email Address:

Email Address:

Foreign Limited Liability Company Bahama Getaways LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

JUL 23 2013

T CLINE

Electronic Filing Monu

Corporate Filing Menu

Help

gget " see

H13000163363 3

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREKN

| 1. Bahama Getaways LLC | - |
|---|---------------------------|
| (Nume of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or | ···1, <u>L</u> ¢.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack consent of the managers or managing members adopting the alternate name. The alternate name most include "Company," "L.L.C," "LLC.") | |
| 2. Delaware 3. | |
| (Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized) | |
| 4. 5/24/2013 _{5.} perpetual | |
| (Date of Organization) (Duration: Year limited Hability company exist or "perpetual") | will cease to |
| 6. | |
| (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | PSEC BIB |
| 7. 3586 ALOMA AVE STE 13 | |
| WINTER PARK, FL 32792-4010 | 22 S8 |
| (Street Address of Principal Office) | |
| 8. If Ilmited liability company is a manager-managed company, check here | ST ST |
| 9. The name and usual business addresses of the managing members or managers are as fol | |
| Darren Robb - 3586 ALOMA AVE STE 13 WINTER PARK, FL 32 | i." |
| | |
| | |
| | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have | ing 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 for translation of the certificate under oath of the translation roust be submitted.) | cign language, a |
| 11. Nature of husiness or purposes to be conducted or promoted in Florida: | |
| Vacation Sales | |
| | |
| 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 a pointifies of perjury that the facts stated herein are true. I am aware that any false information subm | inder the |
| document to the Department of State constitutes a third degree felony as provided for in \$.817 | 7.155, F.S.) |
| Typed or printed name of signee | |
| r Abeq or bringen wante of signee | |

H13000163363 3

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.

| Iternate to be used in the state of Florida is: | | | |
|--|--|--|---|
| e Florida street address of the registered agent and office are: | TALL | 2813 | |
| gents and Corporations, Inc. | <u>}</u> | | 4 **** |
| (Name) | SS | . 22 | j |
| 300 Fifth Avenue South, Suite 101-330 | F. F. | 1 | (" |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | MEN. | 9 | (, |
| | E H | 52 | |
| | Floridu Sureet Address (P.O. Box NOT ACCEPTABLE) | Agents and Corporations, Inc. (Name) 1300 Fifth Avenue South, Suite 101-330 Floridu Street Address (P.O. Box NOT ACCEPTABLE) 14102 | Agents and Corporations, Inc. (Name) 1300 Fifth Avenue South, Suite 101-330 Floridu Street Address (P.O. Box NOT ACCEPTABLE) 134102 |

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.

Agents and Corporations, Inc.

By: John L. Williams, President

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

Delaware

DACE T

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BAHAMA GETAWAYS LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAHAMA GETAWAYS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2013.

5340266 8300

130852626

You may varify this certificate online at corp.delaware.gov/authver.ahtml

Joffrey W. Bullack, Secretary of State

DATE: 07-08-13