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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2013

T. HAMPTON

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

Happy Camper Adventures 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:

Grant Alward

Name of Person

\_\_\_\_\_  
Firm/Company

9162 Lake Fischer BUD.

Address

Gotha, FL 34734

City/State and Zip Code

grantalward@gmail.com

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

For further information concerning this matter, please call:

Grant Alward

Name of Person

at ( 407 )

Area Code

529 5113

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Happy Camper Adventures, 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. Montana 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 9162 Lake Fischer BLVD. Gotha, FL  
(Street Address of Principal Office) 34734

6. same as above  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Grant Alward manager & sole owner  
9162 Lake Fischer BLVD.  
Gotha, FL 34734

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TALLAHASSEE, FLORIDA

8. 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.)

Grant P. Alward  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Grant P. Alward  
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Happy Camper Adventures, LLC

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

\_\_\_\_\_

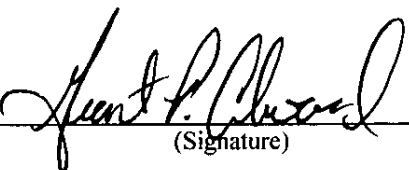
2. The name and the Florida street address of the registered agent and office are:

Grant Alward  
(Name)

9162 Lake Asches BLVD.  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Gotha, FL 34734  
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 605, Florida Statutes.*

  
(Signature)

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

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
STATE OF MONTANA

**CERTIFICATE OF EXISTENCE**

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

**HAPPY CAMPER ADVENTURES, LLC**

duly filed its Articles of Organization in this office on 9 November 2007, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 6 January 2014.

*Linda McCulloch*  
LINDA MCCULLOCH  
Secretary of State

Certified File Number: C176936