# M14000005056

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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TALLAHASSEE FI COLOR

JUL 1 7 2014

T. BROWN

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Golden Getaways 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:

Larry E. Marschand
Name of Person
Golden Getaways LLC
Firm/Company
9931 Southwind Circle
Address
Indianapolis, IN 46055
City/State and Zip Code
lemarschand@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Marschand

.317 \ 409-40

Name of Contact Person

Area Code

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



July 1, 2014

LARRY E. MARSCHAND GOLDEN GETAWAYS LLC 9931 SOUTHWIND CIRCLE INDIANAPOLIS, IN 46055

SUBJECT: GOLDEN GETAWAYS LLC

Ref. Number: W14000040708

We have received your document for GOLDEN GETAWAYS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 314A00014208

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

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

, Golden Getaways 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
<sub>2.</sub> Indiana <sub>3.</sub>
(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)
。9931 Southwind Circle
Indianapolis, IN 46256  (Street Address of Principal Office)
6. 9931 Southwind Circle
Indianapolis, IN 46256  (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Larry E. Marschand & Amy L. Marschand, Members; 9931 Southwind Circle, Indianapolis, IN 46256
Virginia Hays Burney, Member; 5637 W 700 N, McCordsville, IN 46055
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)  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 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.)
Larry E. Marschand

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.

If unavailable, the alternate to be used in the state of Florida is:						
7. The name	a and the Floride atreast address	C - the resistant decree and - CC	<del> </del>			
Z. The ham	e and the Florida street address	s of the registered agent and office are	;			
	InCorp Service	es. Inc.				
		(Name)	<del></del>			
	17888 67th C	ourt North				
	Florida Street A	udress (P.O. Box NOT ACCEPTABLE)	<del></del>			
	Loxahatchee	FI. 33470				
		City/State/Zip				
liability com registered as statutes relai	pany at the place designated in zent and agree to act in this cap ting to the proper and complete	d to accept service of process for the above this certificate, I hereby accept the approacity. I further agree to comply with the performance of my duties, and I am factistered agent as provided for in Chapte	pointment as he provisions of all miliar with and			

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

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

To Whom These Presents Come, Greetings:

l, 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

#### **GOLDEN GETAWAYS LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 30, 2014, and was in existence or authorized to transact business in the State of Indiana on July 01, 2014.

I further certify this Domestic Limited Liability Company (LLC) 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 First Day of July, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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