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(Ad	dress)				
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JAN 1 2016 J. HARRIS



#### Angela Sanford 20927 S Amber Willow Trl Cypress TX, 77433



January 6, 2016

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

To Whom it May Concern,

Attached please find my application as a Foreign LLC for the State of Florida. I am in the process of establishing my Sellers of Travel for my business with the State of Florida and find the whole thing to be quite confusing. I have already submitted the necessary documentation to the department that handles SOT but was unaware that I needed to be established as a foreign entity first. My application for my SOT is pending this information. If there is any possible way, upon completion and approval of this application, to share the proof of registration with the person handling my SOT process that would be greatly appreciated. Her information is as follows:

#### Deborah McFadden

Regulatory Consultant
Consumer Services- Bureau of Compliance
Florida Department of Agriculture and Consumer Services
Phone: (850) 410-3685
FAX: (850) 410-3804
Debora h. Mcfadden@FreshFromFlorida.com
The Rhodes Building
2005 Apalachee Parkway

Thank you very much for your prompt attention to this matter. Please contact me directly if you need any additional information or if I can answer any questions.

Warm regards,

Angela Sanford 281-772-4106 Angela@OnceUponATimeVacations.com

#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

SUBJECT:		Name of I	Limited Liability (	Company	•	
		eign Limited Liability Comp d to register the above refere				
Please return all	correspondence c	oncerning this matter to the	following:			
	Angela Sanford	!				
	<del>., ., .</del>	Na	ame of Person			
		Fi	rm/Company			
	20927 S Amber	Willow Trl				
			Address			
	Cypress TX 77	433		-		
	<u> </u>	City/St	tate and Zip Code			
	ang.sanford@sbc	global.net			_	
		E-mail address: (to be used	for future annual	report not	ification)	
For further infor	mation concerning	g this matter, please call:				
Angela	Sanford		281 at (	772-410	06	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divisio Registr P.O. Bo	ing Address: on of Corporations ation Section ox 6327 assee, FL 32314	:		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	eck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsim \text{\$\subseteq \$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ıg Fee &	□ \$160.00 Filing Fee, Cer of Status & Certified Cop	

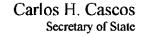
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

(Name of Fore	eign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "	LLC.")		<del></del>
(If name unavailable, enter a	Iternate name adopted for the purpose of transacting b	usiness in Florida. The alternate name	: must inc	lude "L	 .imited
Liability Company," "L.L.C,	" or "LLC.")				
2. Texas	of which foreign limited liability	(FEI number, if applicable)			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4. Q4 2015					
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to dete	rior to registration.)			
20927 S Amber Willow		mine penalty natinty)			
5. <u>20327 0 7 111001 17 1110</u>					
Cypress TX 77433					
	(Street Address of Principal Office)		$\overline{\Sigma}_{\lambda}$	(N)	
6. Same as Above				<del>ض</del>	ena. ;
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15	OLCONO.
	(Mailing Address)			1 CD	Ω tette tee F B
7 N	·	\	1114		ļ.
/. Name and street addres	ss of Florida registered agent: (P.O. Box NOT a	cceptable)	771	5: 55	
Name:	Beth Bahr			4.5 25,	
Office Address:	1138 Mosaic Dr		7.1.	σ	
J	Celebration,	34747			
	(City)	, Florida 34747 (Zip code)			
Registered agent's accep	• •	(2.p 6646)			
designated in this applica to complywith the provisi	rgistered agent and to accept service of process fation, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.  (Registered agent's signal.)	red agent and agree to act in this uplete performance of my duties,	capacit	y. I fu	rther agr
8 The name title or cans	acity and address of the person(s) who has/have a	uthority to manage is/are			
Angela Sanford, Owner	soly and addition of any personalty was allowable a	and the second second			
20927 S Amber Willow	Trl			-	
Cypress TX 77433				=	
				=	
	of existence, no more than 90 days old, duly author of which it is organized. (If the certificate is in a ubmitted)				
	Signature of an authorized	person			
This document is executed	d in accordance with section 605.0203 (1) (b), Flo	rida Statutes. I am aware that any	false infe	ormatic	on
submitted in a document to	o the Department of State constitutes a third degree	e felony as provided for in s.817.	155, F.S.	,	

Typed or printed name of signee

Angela Sanford





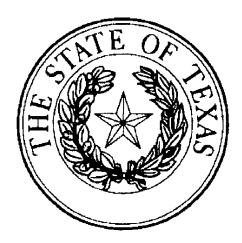
### Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Once Upon A Time Vacations, LLC (file number 802255585), a Domestic Limited Liability Company (LLC), was filed in this office on July 20, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 06, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State