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Foreign Limited Liability Company Enchanted Escapes, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

MAR 30 2010

J SHIVER

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:

1. Enchanted Escapes, LLC					
(Name of Forei	n Limited Liability Company; must include "Limi	ited Lisbility Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter alti Liability Company," "L.L.C,"	mate name adopted for the purpose of transacting or "LLC.")	business in Florida. The alternate nam	ne must inc	lude "L	 imited
2. Georgia	3. N/A				
	f which foreign limited liability	(FEI number, if applicable)			
4. N/A					
	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to de	prior to registration.)	-		
5. 15214 Russet Bend Ln	(ections pendicy hashing)	•		
Cypress, TX 77429			ZE SE	<u></u>	
16314 D . D . 17	(Street Address of Principal Office		<u>TES</u>		Z Chhu
6. 15214 Russet Bend Ln			====	· FR	i ĵ
Cypress, TX 77429			SS	29	Constant Constant
	(Mailing Address)			AH	graping.
7. Name and street address	of Florida registered agent: (P.O. Box NOT	acceptable)		9	The second
Name:	NORTHWEST REGISTERED AGEN	TLLC	22		41.
Office Address:	3030 N. Rocky Point Drive, STE 1	50A			
	ТАМРА	, Florida 33607	-		
Registered agent's accepts	(City)	(Zip code)			
	nce: stered agent and to accept service of process	for the above stated corporation	at the pla	ce desi	enated in
this application, I hereby a	cept the appointment as registered agent an	d agree to act in this capacity. If	^l urther ag	ree to c	comply
with the provisions of all st the obligations of my positi	atutes relative to the proper and complete pe on as registered agent	rformance of my duties, and I am	familiar	with ar	ıd accept
are one against a ag ary pone.	7-6-				
-	(Registered agent's sig	nature)	-		
8 The name title or canac	ity and address of the person(s) who has/have	authority to manage inform			
Stacey Anderson, Manager	ny and address of the person(s) who has have	authority to manage issuic.			
15214 Russet Bend Ln, Cy	oress, TX 77429				
9. Attached is a certificate of jurisdiction under the law of of the translator must be sub-	f existence, no more than 90 days old, duly au which it is organized. (If the certificate is in a mitted)	whenticated by the official having of a foreign language, a translation of	custody of the certif	f <i>record</i> icat e ur	s in the ider oath
	Signature of an authorized	i person	•		
submitted in a document to t	n accordance with section 605.0203 (1) (b), Fi he Department of State constitutes a third degr Fom Glover			rmatio	า
-	Typed or printed name of s	signee			
	· 1 has at hitting items of a	··_··			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



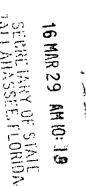
Carlos H. Cascos Secretary of State

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 Enchanted Escapes, LLC (file number 801774528), a Domestic Limited Liability Company (LLC), was filed in this office on April 28, 2013.

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 March 29, 2016.



Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

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