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.

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

# Foreign Limited Liability Company Mickey Travels, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				

MickeyTravels, LLC SUBJECT: Name of Limited Liability Company

Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Please return all correspondence concerning this matter to the following: Melissa Gubler Name of Person InCorp Services, Inc. Firm/Company 3773 Howard Hughes Pkwy, Suite 500s Address-Las Vegas, NV 89169 City/State and Zip Code documents@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 866-2500 Melissa Gubier on behalf of InCorp Services, Inc. Name of Contact Person Aren Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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

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# HILDOOSU 2113 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 TWANK A CITYLE RIMITS IN THE STATE OF PLORIDA.

	ANIVESS IN THE BLAIR OF FILLROLD	u .		
I. MickeyTravels, LLC	3 Hgir Limited Liability Company; mu		biller Gamaine (TV C 2 Park)	LOW.
(140106-01-1-016	afti, ciunica craotti A combana, um	an notade . Chanca Cid	tomy company, "LLC.," or "t	.uc.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose "or "LLC.")	o of transacting busing	as in Piorida. The alternate name	must include "Limited
2. New Jersey		3.		,
(Jurisdiction under the law company is organized)	of which foreign limited Hability		(FBI number, if applicable)	
4. Upon Registration				
	(Doto first transacted busine (See sections 605,0904 & 605	.0905, F.S. to determin	o registration.) ie penalty (lability)	78
5. 64 Kings Highway	-	· · · · · · · · · · · · · · · · · · ·		2016 APR
Long Valley, NJ 07				7
FOUR ABIDATIAN AL	(Street Address of	Principal Office)		55 1 T
6, 84 Kings Highway				
Long Valley, NJ 07	853			
	(Mailing	Address)	<del></del>	
7. Name and street address	s of Florida registered agent: (P.	.O. Box <u>NOT</u> accep	table)	V ST
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North		_	
	Loxahatchee		_, Plorida <u>33470</u>	,
	(City)		(Zip codo)	
Registered agent's accept	tnnes: gistered agent and to accept ser	uica of process for ti	se ahave stated limited liabilit	u comnanu at tite place
designated in this applica	tion, I heraby accept the appoint	iment as registered (	igent and agree to act in this	capacity. I further agree
	ons of all statutes relative to the	proper and complete	e performance of my duties, a	ind I am familiar svith and
षट्टबर्मा साम वर्गाष्ट्रवसकात्र वृत्त ।	ny position as registered agent.	<u> </u>	,	
	sure		bler on behalf of inCorp Service	es, Inc.
	(Кедіві	ered agent's signature)	•	
8. The name, title or capa	city and address of the person(s)	who has/have author	rity to manage is/are:	
Gregory Antonile, Mai	naging Member, 64 Kings I	Highway, Long V	alley, NJ 07853	•
				<del></del>
		-		
<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del></del>
9. Attached is a certificate	of existence, no more than 90 da	ya old, duly authentic	cated by the official having cu	stody of records in the
jurisdiction under the law o	of which it is organized. (If the co			
of the translator must be su	ibmitted)	1 often		
	April 19	meel)		
	Signature	of an authorized perso	n '	
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu	)203 (1) (b), Flórida . tes a third dègree fel	Statutes, I am aware that any fa any as provided for in s.817.13	else information
	Gregory Antonelle		•	
,		rinted name of signee	***************************************	

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# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### MICKEYTRAVELS, LLC 0400389394

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 04, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

UNITED STATES CORPORATION AGENTS, INC. 330 CHANGEBRIDGE RD STE 101 PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of April, 2016

And March

Ford M. Scudder Acting State Treasurer

Certificate Number: 6070736276

Verify this certificate online at

https://wwwl.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

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