

MIL000005607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

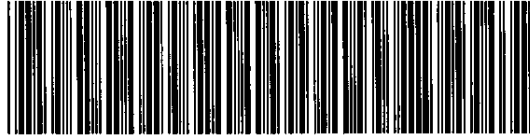
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL 11 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 15 2016
J. HARRIS



July 6, 2016

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Please find the enclosed documents required to register a foreign limited liability company to transact business in Florida: Application by Foreign Limited Liability Company, Certificate of Existence from the Secretary of State from the State of Tennessee, and the requested fees for the filing of the application.

I have applied for a seller of travel license in the State of Florida and received back a First Notice of Deficiency. Joy Hartsfield is waiting for this application to be completed and filed in order to complete the filing for the Florida Seller of Travel License. She has noted that the process must be completed within 30 days, and if at all possible, can you please forward her the information that she needs to complete the process? Joy can be reached at 850-410-3712 and her fax number is 850-410-3804/ericjoy.hartfield@freshfromflorida.com.

Please let me know if you need any further information from me.

Thank you for your assistance.

Sincerely,

Kari Watkins
Owner
A Touch of Magic Travel
865-816-0328

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Touch of Magic Travel, 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:

Kari Watkins
Name of Person

A Touch of Magic Travel, LLC
Firm/Company

875 Highway 321 North, Suite 600-289
Address

Lenoir City, Tennessee 37771
City/State and Zip Code

Kari@ATouchofMagicTravel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kari Watkins at (865) 816-0328
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

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. A Touch of Magic Travel, 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.")

2. State of Tennessee 3. 47-4459667
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. None
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 265 Oakwood Estates Drive, Lenoir City, TN 37772
(Street Address of Principal Office)

6. 875 Highway 321 North, Suite 600-289, Lenoir City, TN 37771
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Havre Bill Havre/Assistant Secretary/Registered Agents Inc
(Registered agent's signature)

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

Kari Watkins, Owner, 265 Oakwood Estates Drive, Lenoir City, TN 37772

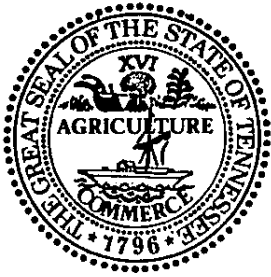
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Kari Watkins
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kari Watkins, Owner
Typed or printed name of signee

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
10 JUL 11 PM 3:49



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KARI WATKINS
KARI WATKINS
265 OAKWOOD ESTATES DRIVE
LENOIR CITY, TN 37772

July 6, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0207412

Issuance Date: 07/06/2016
Copies Requested: 1

Document Receipt

Receipt #: 002784176 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3677707245 \$20.00

Regarding: A Touch of Magic Travel, LLC
Filing Type: Limited Liability Company - Domestic Control #: 805483
Formation/Qualification Date: 07/01/2015 Date Formed: 07/01/2015
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: LOUDON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

A Touch of Magic Travel, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 018068225