

M16000005961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W16-4378

Office Use Only



400286368154

06/06/16--01035--024 **125.00

FILED
16 JUL 26 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 26 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2016

TIMOTHY P ROGERS
239 LULLWATER DRIVE
PANAMA CITY BEACH, FL 32413

SUBJECT: GETAWAY 2 FLORIDA VACATION RENTALS, LLC
Ref. Number: W16000041378

We have received your document for GETAWAY 2 FLORIDA VACATION RENTALS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 116A00013670

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Getaway 2 Florida Vacation Rentals, 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:

Timothy P Rogers

Name of Person

Firm/Company

239 Lullwater Drive

Address

Panama City Beach, FL 32413

City/State and Zip Code

tprpcb@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy P Rogers

Name of Contact Person

850

at (_____) _____
Area Code

814-0354

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. Getaway 2 Florida Vacation Rentals, 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. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-2778880

(FEI number, if applicable)

4. 05-27-2016

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1016 Thomas Drive Suite 235

Panama City Beach, FL 32408

(Street Address of Principal Office)

6. 1016 Thomas Drive Suite 235

Panama City Beach, FL 32408

(Mailing Address)

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

Name: Timothy P Rogers

Office Address: 239 Lullwater Drive

Panama City Beach

(City)

, Florida 32413

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Tim Rogers
(Registered agent's signature)

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

Aysha Maaghul, manager

1016 Thomas Dr. #235

Panama City Beach, FL 32408

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)

Aysha Maaghul
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.

AYSHA MAAGHUL

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

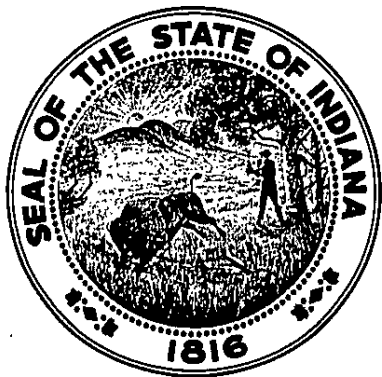
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GETAWAY 2 FLORIDA VACATION RENTALS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 27, 2016, and was in existence or authorized to transact business in the State of Indiana on July 25, 2016.

I further certify this Domestic Limited Liability Company 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 25, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201605271143510 / 201667193

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>