# M16000083914

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Busiliess Lility Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE
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D. SCOTT OCT 2 1 2016 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 340385 8113207

AUTHORIZATION : Squille value

COST LIMIT : \$ 1254.00

ORDER DATE: October 20, 2016

ORDER TIME : 3:28 PM

ORDER NO. : 340385-005

CUSTOMER NO: 8113207

### FOREIGN FILINGS

NAME: NOT SO NORMAL TRAVEL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

# **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI	Not So Normal Travel, LLC							
SODJI	Name of Limited Liability Company							
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.							
Please	eturn all correspondence concerning this matter to the following:							
	Kasi Hoover							
	Name of Person							
	Not So Normal Travel, LLC							
	Firm/Company							
	2398 June Springs Drive SW							
Address								
	Marietta, GA 30008							
	City/State and Zip Code							
	KHoover@notsonormaltravel.com							
	E-mail address: (to be used for future annual report notification)							
For fur	er information concerning this matter, please call:							
	Kasi Hoover 800 958-2109 25 3							
	N CC I P	П						
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Area Code Daytime Telephone Number of Corporations Pivision of Corporations Registration Section Registration Section Clifton Building Tallahassee, FL 32301	= ED						
Enclos	l is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy 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:

Not So Normal Travel, L					
	gn Limited Liability Company; m	ust inclu	de "Limited Li	ability Company," "L.L.C.,"	or "LLC.")
N/A (If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpo	ose of tra	nsacting busine	ess in Florida. The alternate n	ame must include "Limited
2. GA	01 LLC. )		A7_50A0833		
(Jurisdiction under the law of	of which foreign limited liability	3.	47-5242833	(FEI number, if applicable	e)
company is organized)	,			(	•
4. Upon Qualification	Ober Sent terror 11		· · · · · · · · · · · · · · · · · · ·		_
	(Date first transacted busi (See sections 605.0904 & 60	ness in r 05.0905,	F.S. to determin	e penalty liability)	
5. 2398 June Springs Dri	ve SW Marietta, GA 30008				_
	(Street Address o	f Princip	al Office)		-
6. same as above					
	(Mailin	g Addres	s)		_
7. Name and street address	s of Florida registered agent:	(P.O. Bo	x NOT accep	table)	
Name:	Roger Wayne Hoover				
Office Address:	1506 Roseberry Court			<del></del>	
Office Addition.	Flemming Island	<del></del>		<del></del> 32003	
	(City)		<del></del>	, Florida 32003 (Zip code)	<del>-</del>
Registered agent's accep	tance:			,	TAS 5
	gistered agent and to accept s tion, I hereby accept the appo				
to complywith the provisi	ons of all statutes relative to ti	ie prope			
accept the obligations of	my position as registered agen	t. //	3/ -		Sep 20 m
		uU	gent's signature		
	` •	,			S 8
8. The name, title or capa	acity and address of the person	(s) who	has/have autho	ority to manage is/are:	智元 21
Kasi Hoover, President			· <del></del>		<b>I</b>
2398 June Springs Drive	SW Marietta, GA 30008				
			, <u>.</u>		
					<del>_</del>
9. Attached is a certificate	of existence, no more than 90	days old	l, duly authent	cicated by the official havin	g custody of records in the
jurisdiction under the law of the translator must be su	of which it is organized. (If the	ceruno	ate is in a fore	eigh language, a translation	of the certificate under oadi
Of the translator mass be so	VA (a)	It	W		
	Signati	ue of an	authorized pers		<del></del>
	<u> </u>	/	•		ing false information
This document is executed submitted in a document to	in accordance with section of the Department of State const	itutes a	third degree fe	clony as provided for in s.8	17.155, F.S.
	Kasi Hoover				

Typed or printed name of signee

Control Number: 15083071

# STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# NOT SO NORMAL TRAVEL, LLC

# a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and Arian-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number



Brian P. Kemp Secretary of State