

M1700000208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

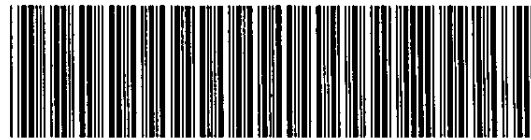
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Special Instructions to Filing Officer:

6359 m7-15617

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MAR 13 2017
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SECRETARY OF STATE
TALLAHASSEE, FL 32310
17 FEB 21 AM 10:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

NANCY HAWKINS
TRAVELS BY NANCY LLC
7625 NESTUCCA TRAIL
NOBLESVILLE, IN 46062

SUBJECT: TRAVELS BY NANCY, LLC
Ref. Number: W17000015617

We have received your document for TRAVELS BY NANCY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00003472

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TALLAHASSEE, FLORIDA
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RECEIVED
17 MAR -9 PM 12:33
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travels by Nancy, 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:

Nancy Hawkins
Name of Person

Travels by Nancy LLC.
Firm/Company

7625 Nesteca Trail
Address

Noblesville IN 46062
City/State and Zip Code

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

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 FEB 21 AM 10:53

For further information concerning this matter, please call:

Nancy Hawkins at (317) 379 1778
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. Travels by Nancy LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

Travels by Nancy Team L.L.C
(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. 81-4827628
(FEI number, if applicable)

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

5. _____
6. 7625 Nestucca Trail
(Street Address of Principal Office)

Noblesville In 46062
(Mailing Address)

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

Name:

Vicki Jones

Office Address:

2816 Highland View Circle

Clermont

(City)

, Florida 34711
(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.

Vicki Jones

(Registered agent's signature)

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

Nancy Hawkins - manager

7625 Nestucca Trail

Noblesville In 46062

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)

[Signature]

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.

Nancy Hawkins

Typed or printed name of signee

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DEPT. OF STATE
FALL ARCADE, FLORIDA
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**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

TRAVELS BY NANCY, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 20, 2016, and was in existence or authorized to transact business in the State of Indiana on February 09, 2017.

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, February 09, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2016012000314 / 2017217404

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

FILED
STATE OF INDIANA
FEBRUARY 16 2017
17 FEB 21 AM 10:53