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March 30, 2017

KIRSTEN SMITH THE TRAVELSMITH, LLC DBA PARADISE FALLS 762 N COMMODORES LN LAFAYETTE, IN 47909

SUBJECT: THE TRAVELSMITH, LLC

Ref. Number: W17000027340

We have received your document for THE TRAVELSMITH, 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):

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.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00006148

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
The Travelsmith, LLC SUBJECT:
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:
Kirsten Smith
Name of Person
The Travelsmith, LLC d/b/a Paradise Falls Travel Company
Firm/Company
762 N. Commodores Ln.
Address
Lafayette, IN 47909
City/State and Zip Code
kirsten@paradisefallstravelco.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kirsten Smith 903 617-8600 at ()
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Pi\$\$ \$125.00 Filing Fee \$\Bigcup\$ \$130.00 Filing Fee & \$\Bigcup\$ \$155.00 Filing Fee & \$\Bigcup\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy  \$\Bigcup\$ \$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 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: The Travelsmith, 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.") , Indiana 47-4260794 (Jurisdiction under the law of which foreign limited liability (FE! number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 762 N. Commodores Ln. Lafayette, IN 47909 (Street Address of Principal Office) 762 N. Commodores Ln. Lafavette, IN 47909 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Elisabeth Davila Name: 2020 NE St. Unit 202 Office Address: Fort Lauderdale 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 complywith 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Kirsten Smith - Partner, The Travelsmith, LLC 762 N. Commodores Ln. Lafayette, IN 47909 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)

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.

THE RESIDENCE OF STREET STREET, STREET

Kirsten Smith

Signature of an authorized person

Typed or printed name of signee

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

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FALLAHASSEE, FLORIS.

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

THE TRAVELSMITH, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 30, 2015, and was in existence or authorized to transact business in the State of Indiana on March 31, 2017.

I further certifiy 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, March 31, 2017

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

2015063000130 / 2017267157 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate