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APR 13 2017 S. YOUNG SECRETARY OF STATE OF THE SECRETARY OF T



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2017

KATHY L JONES WOODS ERICKSON & WHITAKER LLP 1349 GALLERIA DRIVE STE 200 HENDERSON, NV 89014

SUBJECT: BOOK A BALLOON RIDE LLC

Ref. Number: W17000027285

We have received your document for BOOK A BALLOON RIDE 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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: 217A00006135

17 MAR 29 FN 1: 48

COVER LETTER

TO:

Registration Section

Divi	ision of Corporation BOOK A BALLOC					
SUBJECT:		<u> </u>	Limited Liability (Company		-
The enclosed Existence, an	I "Application by For nd check are submitte	reign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	ition to Tra ted liability	nsact Business in Florida, company to transact busin	' Certificate of ness in Florida
Please return	all correspondence of	concerning this matter to the	following:			
	Kathy L. Jones					
		N	ame of Person			•
	Woods Erickso	n & Whitaker LLP				
Firm/Company						-
	1349 Galleria I	Orive, Suite 200				
		Address				-
	Henderson, NV	⁷ 89014				
		City/S	state and Zip Code			1
	kjones@woodse	rickson.com				THAN 29
		E-mail address: (to be use	d for future annual	report not	ification)	7.29 7.29
For further in	nformation concerning	g this matter, please call:				3 000
Kat	thy L. Jones		702 at (433-969	96	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	- अ हैं
Div Reg P.O	ision of Corporations gistration Section Box 6327 Iahassee, FL 32314			Division e Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: \$\Bigsim \text{\$\text{\$\text{\$130.00 Filing Fee & }}}\$ Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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 COMPANYTOTRANSACT RUSINESS IN THE STATE OF FLORIDA.

1. BOOK A BALLOON :	RIDE LLC eign Limited Liability Company; must include "Lin	nited Viability Company ""[]. C. " or "	T.C. ")
Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting or "LLC.")	; business in Florida. The alternate name i	must include "Limited
2. Nevada	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida i	furior to registration	
	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to c	letermine penalty liability)	
5. 1349 Galleria Drive, S	Suite 200		
Henderson, NV 89014			
1240 (0-11	(Street Address of Principal Office	;)	
6. 1349 Galleria Drive, St	uite 200		
Henderson, NV 89014			
	(Mailing Address)		7
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT	_acceptable)	⇒ 250 SEC
Name:	Stephen C Chong		T MAR
Office Address:	225 E Robinson Street, Suite 600		29 28 29
	Orlando	. Florida 32801	نسراها والماران
	(City)	(Zip code)	PA TOU
designated in this applica to complywith the provision	igistered agent and to accept service of procestion, I hereby accept the appointment as regisons of all statutes relative to the proper and composition as registered agent.	stered agent and agree to act in this o	capacity. I further agree
	Registered agent's sig	gnature)	
8. The name, title or cana	acity and address of the person(s) who have have	e authority to manage is/are:	
Barry McGonigle 100	• • • • • • • • • • • • • • • • • • • •	, additing to training to the con-	
48 Crampton Drive	4		
Belmont, Ontario, Canada	a NOL 1B0		plantil de la republica
9. Attached is a certificate urisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly a of which it is organized. (If the cottificate is in abmitted)	a foreign language, a translation of th	stody of records in the ne certificate under oath
This document is executed submitted in a document to	I in accordance with section 605,0293 (1) (b), I the Department of State constitutes a third department McGonigle	Torida Statutes, I am aware that any fa	alse information 55, F.S.
	Typed or printed name of		

SECRETARY OF STATE



17 MAR 29 PM 1:28

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BOOK A BALLOON RIDE LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 14, 2017, and is in good standing in this state.

OF THE STATE OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 24, 2017.

echana K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20170324-1810
You may verify this electronic certificate
online at http://www.nvsos.gov/