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TALLAHASSEE FLORIDA

D BRUCE
AUG 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pixie Dust Vacation Planners, 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:

ToniAnne Hall
Name of Person

Pixie Dust Vacation Planners
Firm/Company

41 Tulip Lane
Address

Colts Neck, NJ 07722
City/State and Zip Code

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

For further information concerning this matter, please call:

ToniAnne Hall at 732 513-6902
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

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TALLAHASSEE, FLORIDA

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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. Pixie Dust Vacation Planners, 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. New Jersey 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/27/18
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 41 Tulip Lane
(Street Address of Principal Office)
Colb Neck, NJ 07722

6. 41 Tulip Lane
(Mailing Address)
Colb Neck, NJ 07722

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

Name: Nicole Bigam
Office Address: 2201 Fort Mellon Ct.
St. Augustine, Florida 32092
(City) (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.

N Bigam
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>OWNER</u>	<u>Toni Anne Hall</u> <u>41 Tulip Lane</u> <u>Colb Neck, NJ 07722</u>	<u>Agent</u>	<u>Nicole Bigam</u> <u>2201 Fort Mellon Ct.</u> <u>St. Augustine, FL 32092</u>
<u>OWNER</u>	<u>Amanda Andriola</u> <u>5 Carolee Drive</u> <u>Little Silver, NJ 07739</u>		

(Use attachments if necessary)

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)

10. 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.

A. Andriola
Signature of an authorized person

Amanda Andriola
Typed or printed name of signer

2010 AUG 20
SECRETARY OF
TALLAHASSEE
FILE

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

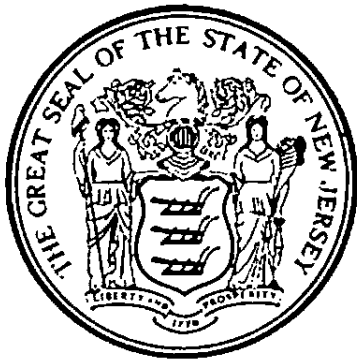
PIXIE DUST VACATION PLANNERS LLC
0450230999

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 11, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

TONIANNE HALL
41 TULIP LANE
COLTS NECK, NJ 07722



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
19th day of July, 2018*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6089910717

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp