

M180000008373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

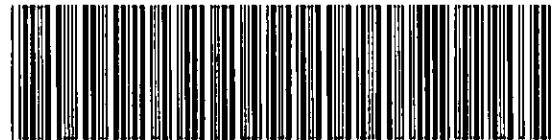
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2018

JACQUILINE V KNOWLES
5336 DOVE CREEK DR
FORT WORTH, TX 76244-4569

SUBJECT: MAGICAL VACATION DREAMS, LLC
Ref. Number: W18000051949

We have received your document for MAGICAL VACATION DREAMS, LLC and your check(s) totaling \$78.75. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 318A00011458

COVER LETTER

TO: Registration Section
Division of Corporations
Magical VacationDreams, LLC

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Jacquiline V Knowles

_____	Name of Person
Magical Vacation Dreams, LLC	
_____	Firm/Company
5336 Dove Creek Dr	
_____	Address
Fort Worth, Texas. 76244-4569	
_____	City/State and Zip code
jackie@magicalvacationdreams.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquiline Knowles	817	381-6194
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magical Vacation Dreams, 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:

Jackie Knowles
Name of Person

Magical Vacation Dreams, LLC
Firm/Company

5336 Dove Creek Dr
Address

Fort Worth TX 76244-4569
City/State and Zip Code

jackie@magicalvacationdreams.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Knowles at (817) 381-6194
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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. IMPERIAL VACATION DREAMS, 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. TEXAS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5336 DUNE CREEK DR 6. 30112
(Street Address of Principal Office) (Mailing Address)
FORT WORTH TX
76244-4567

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

Name: Rachel Cohen

Office Address: 16614 BISTING STAR DR
CLERMONT, Florida 34714
(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.

[Signature]
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>Jackie Knuckles</u> <u>5336 DUNE CREEK DR</u> <u>FORT WORTH TX 76244</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.

Jackie Knuckles
(Signature of an authorized person)
Jackie Knuckles
(Typed or printed name of signer)



Office of the Secretary of State

CERTIFICATE OF FILING OF

Magical Vacation Dreams, LLC
File Number: 802092887

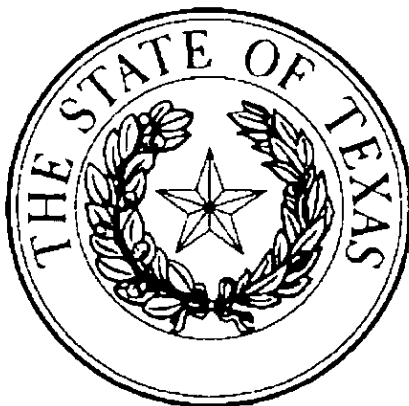
The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 10/31/2014

Effective: 10/31/2014



NANDITA BERRY

Nandita Berry
Secretary of State



Franchise Tax Account Status

As of : 05/21/2018 14:12:46

This Page is Not Sufficient for Filings with the Secretary of State

MAGICAL VACATION DREAMS, LLC

Texas Taxpayer Number 32055574746

Mailing Address 5336 DOVE CREEK DR FORT WORTH, TX 76244-4569

Right to Transact Business in Texas ACTIVE

State of Formation TX

Effective SOS Registration Date 10/31/2014

Texas SOS File Number 0802092887

Registered Agent Name JACQUILINE V KNOWLES

Registered Office Street Address 5336 DOVE CREEK DRIVE FORT WORTH, TX 76244