# 

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Sign WI	8-7291	7
U	Office Use On	



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#### COVER LETTER

TO: Registration Section

Divisi	on of Corporation	18			
	Mouse Tales Trav	el, LLC			
SUBJECT: _		Name of	Limited Liability C	lompany	
					ansact Business in Florida," Certificate y company to transact business in Flori
Please return a	II correspondence o	concerning this matter to the	following:		
		N.	ame of Person		
	InCorp Servic	es, Inc			
		Fi	m/Company		
	17888 67th Co	ourt			
			Address		
	North Loxaha	chee, FL 33470			
	<del>-</del>	City/S	tate and Zip Code		
	kimberly@mou	setalestravel.com			<u>.                                    </u>
		E-mail address: (to be used	d for future annual	report no	tification)
For further info	ormation concernin	g this matter, please call:			
Kimb	erly Hill		843 at (	606.06	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number
Divîsî Regist P.O. E	LING ADDRESS: on of Corporations tration Section Box 6327 nassee, FL 32314			Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section suilding centive Center Circle see, FL 32301
	heck for the follow 25.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

O. Simmons

#### COVER LETTER

Mouse Tales Tra SUBJECT:						
	Name of Limited Liability Company					
The enclosed "Application by I Existence, and check are subm	inclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida ence, and check are submitted to register the above referenced foreign limited liability company to transact bus					
Please return all correspondenc	re concerning this matter to the	following:				
<del></del>	N	ame of Person				
InCorp Serv	ices, Inc.					
	F	irm/Company	<del></del>			
17888 67th	Court North					
	Address					
Loxabatchee	:, FL 33470					
	City/S	tate and Zip Code				
kimberly@mo	ousetalestravel.com					
	E-mail address: (to be use	d for future annual re	port notification)			
For further information concern	ning this matter, please call:					
Kimberly Hill			606.0687			
Nam	e of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 3231-	ons	D R C 20	IREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301			

# 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:

	iame adopted for the purpose of transacting business if	n Florida. The alternate name must include "Limited Liabilit	y Company," "L.L.C." or "E.C.			
South Carolina		3. 26-2234400				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
NA						
· <u>* * * * * * * * * * * * * * * * * * *</u>	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to de-	or to registration )				
8558 Hopkins Circle	for Killing and Constitution of the Constituti	6. 8558 Hopkins Circle	50 <b>5</b>			
(Street Address of	Principal Office)	(Mailing Address	· · · · · ·			
Suite A		Suite A	8 7			
Myrtle Beach, SC 295	75	Myrtle Beach, SC 29575				
Name and street address	ss of Florida registered agent: (P.O. E	Box NOT acceptable)	A III II			
Office Address:	17888 67th Court North	<del></del>				
	Loxahatchee	, Florida 33470				
	(Cuy)	(Zip code)	<del></del>			
	/s/ InCorp Services, Inc.	ent's signature)				
		a har/hava authority to managa is/gra-				
The name title or can	acity and address of the person(s) who	o nas/nave authorny to manage is/aic.				
. The name, title or capa Title or Capacity:	ncity and address of the person(s) who Name and Address:	Title or Capacity:	Name and Address:			
		Title or Capacity:	Name and Address:			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
Title or Capacity:	Name and Address: Kimberly Hill 8558 Hopkins Cir, Ste A	Title or Capacity:	Name and Address:			
Title or Capacity: CEO	Name and Address:  Kimberly Hill  8558 Hopkins Cir, Ste A  Myrde Beach, SC 29575  Robert Hill Jr  8558 Hopkins Cir, Ste A	Title or Capacity:	Name and Address:			
Title or Capacity: CEO COO	Name and Address: Kimberly Hill 8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  Robert Hill Jr 8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575	Title or Capacity:	Name and Address:			
Title or Capacity: CEO  COO  Use attachments if neces	Name and Address:  Kimberly Hill  8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  Robert Hill Jr  8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  sary)	Title or Capacity:				
Title or Capacity: CEO  COO  Use attachments if neces Attached is a certificate	Name and Address:  Kimberly Hill  8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  Robert Hill Jr  8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  sary)  of existence, no more than 90 days of	Title or Capacity:	ng custody of records in			
Title or Capacity: CEO  COO  Use attachments if neces Attached is a certificate risdiction under the law	Name and Address:  Kimberly Hill  8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  Robert Hill Jr  8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  sary)  of existence, no more than 90 days of which it is organized. (If the certification of the company of the certification of the cer	Title or Capacity:	ng custody of records in			
CEO  COO  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be so. This document is executed.	Name and Address:  Kimberly Hill  8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  Robert Hill Jr  8558 Hopkins Cir, Ste A Myrtle Beach, SC 29575  sary)  of existence, no more than 90 days of which it is organized. (If the certificultimitted)  uted in accordance with section 605.0	Title or Capacity:	ng custody of records in of the certificate under			
Title or Capacity: CEO  COO  Use attachments if neces  Attached is a certificate risdiction under the law fithe translator must be s  This document is executed.	Name and Address:  Kimberly Hill  8558 Hopkins Cir, Ste A  Myrtle Beach, SC 29575  Robert Hill Jr  8558 Hopkins Cir, Ste A  Myrtle Beach, SC 29575  sary)  of existence, no more than 90 days of which it is organized. (If the certificulumitted)  uted in accordance with section 605.0 of the Department of State constitutes a	Title or Capacity:  old, duly authenticated by the official havificate is in a foreign language, a translation (203 (1) (b). Florida Statutes, I am aware a third degree felony as provided for in s.8	ng custody of records in of the certificate under			
Title or Capacity: CEO  COO  Use attachments if neces  Attached is a certificate risdiction under the law fithe translator must be s  This document is executed.	Name and Address:  Kimberly Hill  8558 Hopkins Cir, Ste A  Myrtle Beach, SC 29575  Robert Hill Jr  8558 Hopkins Cir, Ste A  Myrtle Beach, SC 29575  sary)  of existence, no more than 90 days of which it is organized. (If the certificulumitted)  uted in accordance with section 605.0 of the Department of State constitutes a	Title or Capacity:  old, duly authenticated by the official having icate is in a foreign language, a translation (203 (1) (b), Florida Statutes, I am aware	ng custody of records in of the certificate under			
Title or Capacity: CEO  COO  Use attachments if neces  Attached is a certificate risdiction under the law f the translator must be s  This document is executed.	Name and Address:  Kimberly Hill  8558 Hopkins Cir, Ste A  Myrtle Beach, SC 29575  Robert Hill Jr  8558 Hopkins Cir, Ste A  Myrtle Beach, SC 29575  sary)  of existence, no more than 90 days of which it is organized. (If the certificulumitted)  uted in accordance with section 605.0 of the Department of State constitutes a	Title or Capacity:  old, duly authenticated by the official havificate is in a foreign language, a translation (203 (1) (b). Florida Statutes, I am aware a third degree felony as provided for in s.8	ng custody of records in of the certificate under			



## 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:

١.,	Mouse Tales Travel. (Name of Foreign	LLC Limited Liability Company; must include "Lim	ited Liabil	ity Company," "L.L.C.," or "LLC.")	
(Ét`n	ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The	alternate name must include "Limited Liabi	thty Company," "L.I. C," or "I.I.C,")
_	South Carolina			06 0004400	, , ,
2. <u>`</u>		hich foreign limited liability company is organized)	3	·	er, (fapplicable)
	07/01/2018				
<b>→</b> .		(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete			
_	8558 Hopkins Circle			8558 Hopkins Circle	
5.	(Street Address of I	Principal Offices	6.	(Mailing Addre	(%)
	Suite A			Suite A	<b>ری</b>
	Myrtle Beach, SC 29	575		Myrtle Beach, SC 29575	13 SE T
					2. [
7.	Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)	
	Name:	InCorp Services, Inc			美
	Office Address:	17888 67th Court			LED WILL
	Office Address.			22470	
		North Loxahatchee (City)		. Florida 33470	<del></del>
		InCorp Services. Inc			
		(Registered agen	i v signature		
8.	The name, title or capa Title or Capacity:	acity and address of the person(s) who Name and Address:		authority to manage is/are: itle or Capacity:	Name and Address:
	CEO	Kimberly Hill			
		8558 Hopkins Circle. Suit Myrtle Beach. SC 29575	<u>ie /</u>		
	COO	Robert Hill			
		8558 Hookins Circle, Suit Myrtle Beach, SC 29575	<u>e</u> ,		
(U	se attachments if neces		_		
jur oti 10.	isdiction under the law the translator must be so This document is exec	of existence, no more than 90 days old of which it is organized. (If the certific abmitted)  uted in accordance with section 605.02 of the Department of State constitutes a	eate is in	a foreign language, a translation). Florida Statutes. I am aware	on of the certificate under oath that any false information
		Signate Signate	are of an aut	norized person	
		•		·	
		Kimberly Q Hill	Luc meioco II		
		Typed	or printed n	ame of signee	

# The State of South Carolina



# Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

#### MOUSE TALES TRAVEL, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on February 4th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 31st day of July, 2018.

Mark Hammond, Secretary of State