

MI600008931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

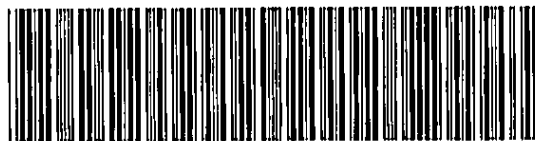
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MI600008931



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2018

EMILY HOGAN
802 GODDARD ST
ALCOA, TN 37701

SUBJECT: ENCHANTING ESCAPES LLC
Ref. Number: W18000083920

*Done 9/28
Updated Docs attached
Thanks! Emily*

We have received your document for ENCHANTING ESCAPES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 018A00019549

REC-11
2018 OCT -1 AM 10:54

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. Enchanting Escapes 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. Tennessee 3. 83-1346693
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 802 Goddard Street 6. 802 Goddard Street
(Street Address of Principal Office) (Mailing Address)
Alcoa, TN 37701 Alcoa, TN 37701

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

Name: SONJA AMANDA FLOREE HARRIS

Office Address: 620 N WYMORE ROAD STE 200

MAITLAND, Florida 32751
(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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>owner /</u>	<u>Emily Hogan</u>		
<u>LLC Member</u>	<u>802 Goddard St.</u>		
	<u>Alcoa, TN 37701</u>		
<u>MGR</u>	<u>Landon Hogan</u>		
	<u>802 Goddard St.</u>		
	<u>Alcoa, TN 37701</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.

Emily Hogan
Signature of an authorized person

Emily Hogan
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ENCHANTING ESCAPES

EMILY HOGAN
802 GODDARD STREET
ALCOA, TN 37701

September 11, 2018

Request Type: Certificate of Existence/Authorization

Request #: 0288938

Issuance Date: 09/11/2018

Copies Requested: 1

Document Receipt

Receipt #: 004281836

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3739497619

\$20.00

Regarding: Enchanting Escapes LLC

Filing Type: Limited Liability Company - Domestic

Control #: 975829

Formation/Qualification Date: 07/24/2018

Date Formed: 07/24/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: BLOUNT COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Enchanting Escapes LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 029471232