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11/26/18
10 NOV 26 PM 5:24
CLERK OF COURT
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amanda's Travels

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:

Amanda Storm

Name of Person

Amanda's Travels

Firm/Company

5719 Westfield Drive

Address

Lawrence, KS 66049

City/State and Zip Code

amanda@amandastravels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Storm

785

766-9827

at (_____) _____

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:

☐ \$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 605.0203, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Amanda's Travels L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
Amanda Storm Travels (alternate name option)
(If name unavailable, must 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. Kansas 3. _____
(Jurisdiction under which the firm or foreign limited liability company is organized) (FEI number, if applicable)
4. _____
(Date first incorporated/business in Florida, if prior to registration)
(See sections 605.0203 & 605.0205, F.S. to determine penalty liability)
5. 5719 Westfield Drive
(Street Address of Principal Office)
Lawrence, KS 66049
(Mailing Address)

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

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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.

Courtney Thomas on behalf of InCorp Services, Inc.
(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>Amanda Storm</u>		
	<u>5719 Westfield Dr</u>		
	<u>Lawrence, KS 66049</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) (h), 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.

Amanda Storm
Signature of an authorized person
Amanda Storm
Typed or printed name of signer

RECEIVED
DIVISION OF CORPORATE REGISTRATION
18 NOV 26 PM 5:21

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 8639767

Entity Name: AMANDA'S TRAVELS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: STEVERAND, INC.

Registered Office: 900 Massachusetts Street Suite 500, LAWRENCE, KS 66044

was filed in this office on April 18, 2017, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 22, 2018

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 1083594 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.