

M18000010856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

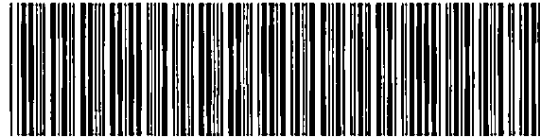
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/18--01028--003 **70.00

11/13/18--01031--015 **60.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EPIC ESCAPES 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:

DANIELLE WANN

Name of Person

EPIC ESCAPES LLC

Firm/Company

134 BROOKDALE DR

Address

MCCALL, FL 33638

City/State and Zip Code

DANIELLE@EETRAVELCO.COM

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

For further information concerning this matter, please call:

DANIELLE WANN

208

315-5951

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. EPIC ESCAPES LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

EPIC ESCAPES TRAVEL CO LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1754546

(FBI number, if applicable)

4. 12/15/2018

(Date first transacted business in Florida, if prior to registration.)
See sections 605.0204 & 605.0505, F.S. to determine penalty liability.

5. 134 BROOKDALE DR

(Street Address of Principal Office)

MCCALL, IDAHO 83638

6. 134 BROOKDALE DR

(Mailing Address)

MCCALL, ID 83638

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

Name: TIFFANY BALLARD

Office Address: 5022 SYDNEY RD

PLANT CITY

Florida 33566

(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 of 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:

OWNER

DANIELLE WANN

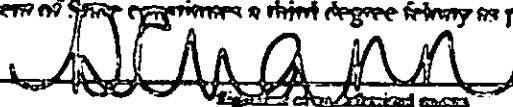
134 BROOKDALE DR

MCCALL ID 83638

(If no attachments if necessary)

9. Attached is a certificate of existence, no more than 60 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.


(Signature of authorized person)

DANIELLE WANN

(Printed name of signer)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 NOV 13 PM 5:13



STATE OF IDAHO

Lawrence Denney | Secretary of State

Business Entities Office

450 North 4th Street

PO Box 83720, Boise, ID 83702

Danielle Wann
134 BROOKDALE DR
MCCALL, ID 83638

October 9, 2018

Request Type: Certificate of Existence/Filing

Request #: 0003307057

Receipt #: 000132270

Issuance Date: 10/09/2018

Copies Requested: 0

Regarding: EPIC ESCAPES LLC

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 09/10/2018

Status: Active-Existing

Duration Term: Perpetual

File #: 625188

Formation Locale: IDAHO

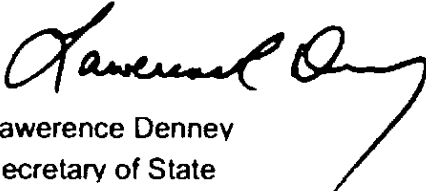
Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

EPIC 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.


Lawrence Denney
Secretary of State

Processed By: Business Division

Verification #: 000064317