

M18000011104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

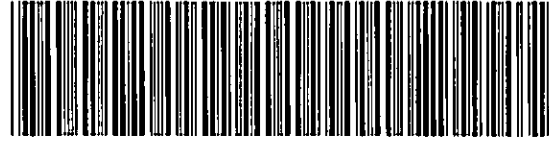
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SPR
12/11/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kinship Vacations, 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:

Ashley Metesh-Mccoy

Name of Person

Kinship Vacations, LLC

Firm/Company

3633 Nelms Lane

Address

Williamsburg, VA 23185

City/State and Zip Code

ashley@kinshipvacations.com

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

For further information concerning this matter, please call:

Ashley Metesh-McCoy at (509) 385-3003
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 checked="" 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. Kinship Vacations, 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. Wyoming

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

3. 81-1210496

(FEI number, if applicable)

4. 11/01/2016 2/3/18 ^{AM}

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

5. 3633 Nelms Lane

(Street Address of Principal Office)

Williamsburg, VA

23185

6. same as principal office

(Mailing Address)

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

(City)

, Florida 33607

(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.

Bee Hume

(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:

Owner/ Manager

Ashley Metesh-McCoy

not applicable

3633 Nelms Lane
Williamsburg, VA 23185

not applicable

not applicable

(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.

Ashley Metesh-McCoy

Signature of an authorized person

Ashley Metesh-McCoy

Typed or printed name of signer

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DIVISION OF CORPORATIONS
18 DEC 10 AM 7:21

Ashley Metesh-McCoy

3633 Nelms Lane, Williamsburg, VA 23185 | 5093853003 | ashley@kinshipvacations.com

12/3/2018

Mr. Abney

Regulatory Specialist II

Florida Department of State (Division of Corporations)

PO Box 6327, Tallahassee, FL 32314

Dear Mr. Abney:

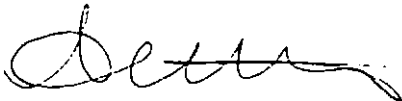
I'm enclosing a revised Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida as per the advice of you colleague, Vince, whom I just spoke with on the phone.

Please note I adjusted the date on item #4 on the form to show "2/3/18" with my initials "AKM" as that is the date that I officially started working with a client in Florida as Kinship Vacations, LLC.

I misunderstood the intent of the form originally to mean when I opened my business. I officially launched my business in November 2016 as Relate Travel Services, LLC which is why I mistakenly included "11/01/2016" in the original application.

Please accept this revision as part of my originally application and adjust the amount due by Kinship Vacations, LLC as soon as possible. I thank you for your patience with my misunderstanding.

Sincerely,



Ashley Metesh-McCoy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 DEC 10 AM 7:27

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


Kinship Vacations, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 22, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000704592**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of October, 2018 at 1:52 PM. This certificate is assigned 028432532.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.