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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

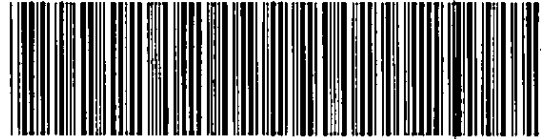
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hiatt Magical 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:

Jill Hiatt

Name of Person

Hiatt Magical Vacations

Firm/Company

11024 Boxwood Lane

Address

Noblesville, IN 46060

City/State and Zip Code

jill@hiattmagicalvacations.com

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

For further information concerning this matter, please call:

Jill Hiatt

Name of Contact Person

at (

317

) Area Code

418-8642

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hiatt Magical 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. State of Indiana 3. N/A
(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. 11024 Boxwood Lane 6. 11024 Boxwood Lane
(Street Address of Principal Office) (Mailing Address)
Noblesville, IN 46060 Noblesville, IN 46060

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

Name: Tamara Lefevre

Office Address: 9552 Forest Hills Circle

Sarasota, Florida 34238
(City) (Zip code)

Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated 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.

Tamara Lefevre
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Jill Hiatt

☐ Member Address: 11024 Boxwood Lane

☐ Authorized Noblesville, IN 46060

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

er _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

ed is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the on under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath nslator must be submitted)

ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jill Hiatt
Signature of an authorized person

Jill Hiatt
Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

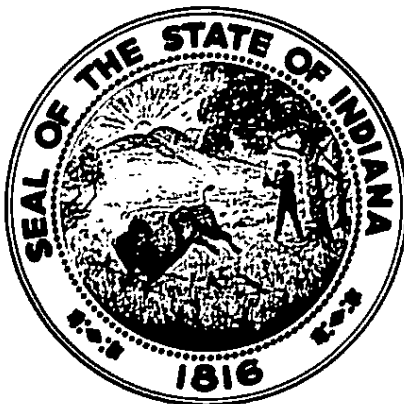
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HIATT MAGICAL VACATIONS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 07, 2017, and was in existence or authorized to transact business in the State of Indiana on January 13, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 13, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201703071184493 / 2019849551

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on February 12, 2019.