

M19000010489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

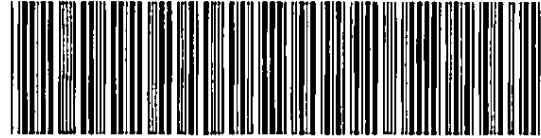
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300335471983


10/23/13--01013--007 **180.00

2013 OCT 23 PM 3:45
CLERK

T GLASS

OCT 31 2013

COVER LETTER

TO:  Registration Section
Division of Corporations

SUBJECT: MAGIC MOUSE TRAVEL, 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:

FRAN STRIKER

Name of Person

MAGIC MOUSE TRAVEL

Firm/Company

14960 PORTER ROAD

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

FRAN@MAGICMOUSETRAVEL.COM

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

For further information concerning this matter, please call:

FRAN STRIKER

913
at ()

433-4866

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:

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. MAGIC MOUSE TRAVEL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

OFF TO ANYLAND TRAVEL 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. KANSAS 3. 27-0467302
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/01/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14960 PORTER ROAD 6. 14960 PORTER ROAD
(Street Address of Principal Office) (Mailing Address)


WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787

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

Name: FRAN STRIKER
Office Address: 14960 PORTER ROAD
WINTER GARDEN, Florida 34787
(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.


(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: MARALEE STRIKER

☐ Member Address: 14960 PORTER RD

☐ Authorized WINTER GARDEN, FL 34787

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: ABIGAELE STRIKER

☐ Member Address: 14960 PORTER RD

☐ Authorized WINTER GARDEN, FL 34787

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: FRAN STRIKER

☐ Member Address: 14960 PORTER RD

☐ Authorized WINTER GARDEN FL 34787

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

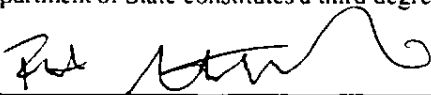
Person _____

☐ Other _____ ☐ Other _____

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

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.



Signature of an authorized person

Francis H Striker

Typed or printed name of signer

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6340673

Entity Name: MAGIC MOUSE TRAVEL LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: MAGIC MOUSE TRAVEL LLC

Registered Office: 17612 W 84th Terrace, LENEXA, KS 66219

was filed in this office on June 07, 2009, 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 10, 2019

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1115712 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

2019 OCT 23 PM 3:45



Business Entity Search

Date: 10/10/2019

Be advised the business information on this page is for summary informational purposes only. It is not an official filing with the Secretary of State's office and should not be relied on as such. Please view actual documents filed by customers with the secretary of State's office to ensure accurate information. When filing a Uniform Commercial Code statement on an entity, consult with your attorney to ensure the correct debtor name.

Business Summary

Current Entity Name

MAGIC MOUSE TRAVEL LLC

Business Entity ID Number

6340673

Current Mailing Address: MAGIC MOUSE TRAVEL - 17612 W 84TH TERR, LENEXA, KS 66216

Business Entity Type: KANSAS LTD LIABILITY COMPANY

Date of Formation in Kansas: 06/07/2009

State of Organization: KS

Current Status: ACTIVE AND IN GOOD STANDING

Resident Agent and Registered Office

Resident Agent: MAGIC MOUSE TRAVEL LLC

Registered Office: 17612 W 84th Terrace, LENEXA, KS 66219

Annual Reports

The following annual report information is valid for active and delinquent status entities only.

Tax Closing Month: 12

The Last Annual Report on File: 12/2018

Next Annual Report Due: 04/15/2020

Forfeiture Date: 07/15/2020

2019 OCT 23 PM 3:45