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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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Foreign Limited Liability Company Fairytale & Castle Vacations LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

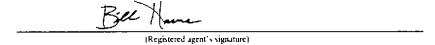
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT RUSINESS IN THE STATE OF ELORIDA-

	itle Vacations LLC Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or	·"(LC")	
If name unavailable, enter alternate n	ame adopted for the purpose of transacting bus	oness in Florida. The alternate name must include "L	imited Liability Company," "L.L.C," or "LEC.")	
, New York		, 85-267515		
(Jurisdiction under the law of w	nich foreign limited liability company is organi.		(FEI number, if applicable)	
·			· · · · · · · · · · · · · · · · · · ·	
	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S.)			
_{5.} 7901 4th St N		_{6.} 7901 4th	_{6.} 7901 4th St N	
(Street Address of F	Principal Office)		ailing Address)	
STE 300		STE 300		
St. Petersburg, FL US 33702		St. Petersburg, FL US 33702		
N	- AFTI- (1	AO Day NOT		
. Name and <u>street addres</u>	s of Florida registered agent: (P	O. Box NOT acceptable)		
Name: Office Address:	Registered Ag	gents Inc.	1 pen	
	7901 4th St N	STE 300	vit to file	
	7301 411 31 11	31L 300		
	St. Petersburg	g _{. Florida} 33	3702 💆	
	(City)		(Zip code)	

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.



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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Barbara Donlon Name: _____ ✓ Manager ■ Manager 7901 4th St N STE 300 Address: Member Member St. Petersburg, FL 33702 Authorized Authorized Person Person Other____ Other____ Other_ Other_ Name: Manager Manager Manager Name: Member Member Address: Address: Authorized Authorized Person Person Other_ Other____ Other____ Other__ Name: _____ Manager Name: Manager Address: Member Address: ____ Member ☐ Authorized Authorized Person Person Other_ Other Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Riley Park

l'yped or printed name of signee

State of New York Department of State } ss:

I hereby certify, that FAIRYTALE & CASTLE VACATIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/24/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this Olst day of October

Brandon C Hydra

two thousand and twenty.

Brendan C. Hughes Executive Deputy Secretary of State

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