

MA2100000000993

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

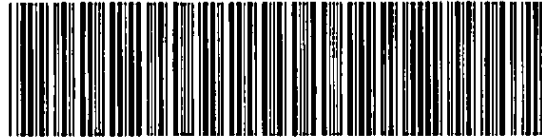
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100357055641

01/04/21--01034--013 \*\*125.00

FILED

2021 JAN -4 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FL

45  
1/11/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Denville 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:

Lisa Wagner

Name of Person

Denville Travel LLC

Firm/Company

1079 N. Tamiami Trail, #340

Address

Nokomis, FL 34275

City/State and Zip Code

Lisa@denvilletravelcompany.com

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JAN -4 PM 3:49

FILED

For further information concerning this matter, please call:

Lisa Wagner

Name of Contact Person

at

(888)

Area Code

636-3066

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Denville Travel L.L.C.  
(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. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5337402  
(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. 1079 N. Tamiami Tr.  
(Street Address of Principal Office)

6. 1079 N. Tamiami Tr.  
(Mailing Address)

#340

#340

Nokomis, FL 34275

Nokomis, FL 34275

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

Name: Lisa Wagner

Office Address: 1079 N. Tamiami Tr., #340

Nokomis, Florida 34275  
(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.

Lisa Wagner  
(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: Lisa Wagner

☒ Member Address: 1079 N. Tamiami Tr.

☒ Authorized #340

Person Nokomis, FL 34275

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: Christopher Wagner

☒ Member Address: 1079 N. Tamiami Tr.

☐ Authorized #340

Person Nokomis, FL 34275

☐ 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.

Lisa Wagner

Signature of an authorized person

Lisa Wagner

Typed or printed name of signer

FILED  
2021 JAN -4 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**DENVILLE TRAVEL LLC  
0400649894**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 09, 2014.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**DENVILLE TRAVEL LLC  
BOX 274  
DENVILLE, NJ 07834**

*I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:*

<b>NAME CHANGE</b>	<b>11/10/2014</b>
<b>Annual Report Filing with address change</b>	<b>04/19/2015</b>
<b>Annual Report filing with officer/member change</b>	<b>04/19/2015</b>
<b>ALTERNATE NAME FILING</b>	<b>04/20/2015</b>
<b>CHANGE OF AGENT AND OFFICE</b>	<b>04/20/2015</b>
<b>Annual Report filing with officer/member change</b>	<b>06/15/2016</b>
<b>Annual Report Filing with address change</b>	<b>06/15/2016</b>
<b>CHANGE OF REGISTERED OFFICE</b>	<b>06/16/2016</b>
<b>CHANGE OF REGISTERED OFFICE</b>	<b>09/23/2017</b>
<b>Annual Report Filing with address change</b>	<b>09/23/2017</b>
<b>NAME CHANGE</b>	<b>03/21/2018</b>
<b>Annual Report Filing with address change</b>	<b>07/15/2019</b>

**2021 JAN -4 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FL**

**FILED**

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**DENVILLE TRAVEL LLC**  
0400649894

Annual Report filing with  
officer/member change

07/15/2019

CHANGE OF AGENT AND OFFICE

04/07/2020



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
3rd day of November, 2020

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6112534181

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JAN -4 PM 3:49

FILED