

M2100000/888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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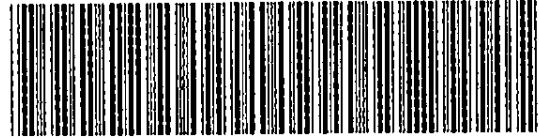
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten notes:
V202/3594
V202/2752
V202/4555
V202/139610

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENCHANTED MEMORIES 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:

Naveed Hanif
Name of Person

Accounting Advantage
Firm/Company

3898 Via Princiana, 15
Address

Lake Worth, FL 33467
City/State and Zip Code

sshafi@aacpausa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Naveed Hanif at (561) 687-6466
Name of Contact Person Area Code 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2021

TABINDA KHADIYA WALA 6TH MAILING
7780 NW 28 ST
MARGATE, FL 33063

SUBJECT: ENCHANTED MEMORIES TRAVEL LLC
Ref. Number: W20000139610

We have received your document for ENCHANTED MEMORIES TRAVEL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 420A00024693

RECEIVED
FEB 16 2021

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. Enchanted Memories Travel 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. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2363380
(FEI number, if applicable)

4. February 1, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7780 NW 28th ST
(Street Address of Principal Office)

6. 7780 NW 28th ST
(Mailing Address)

Margate, FL 33063

Margate, FL 33063

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

Name: Tabinda Khadiyawa

Office Address: 7780 NW 28th ST

Margate, Florida 33063
(City) (Zip code)

21 FEB 16 PM 4:05

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.

TK
(Registered agent's signature)

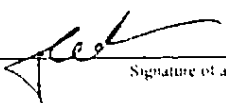
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name: <u>Tabinda Khadiyawaala</u>	<input type="checkbox"/> Manager	Name: <u>Vincent S. Dowling</u>				
<input checked="" type="checkbox"/> Member	Address: <u>7780 NW 28 St</u>	<input checked="" type="checkbox"/> Member	Address: <u>4 Old Carriage Lane</u>				
<input type="checkbox"/> Authorized	<u>Margate, FL 33063</u>	<input type="checkbox"/> Authorized	<u>Franklin, MA 02038</u>				
Person	_____	Person	_____				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____				
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____				
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____				
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____				
Person	_____	Person	_____				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____				
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____				
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____				
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____				
Person	_____	Person	_____				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
Tabinda Khadiyawaala

Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

February 2, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ENCHANTED MEMORIES TRAVEL LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 14, 2013.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
CARMELA MARIA DOWLING, VINCENT DOWLING, TABINDA KHADIYAWALA, MUNIR KHADIYAWALA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **CARMELA MARIA DOWLING, VINCENT DOWLING, TABINDA KHADIYAWALA, MUNIR KHADIYAWALA**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **VINCENT DOWLING**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth