

MA1000007995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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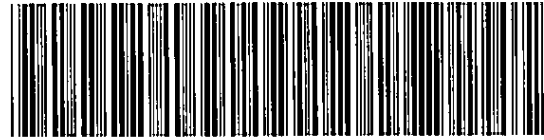
(Business Entity Name)

(Document Number)

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21 JUN 14 PM 3:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

7/5/21
6/24/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPY VACATION 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:

STEVEN TO
Name of Person
SWEET VACATION RENTALS
Firm/Company
9484 Walnut Crest Dr, Orlando
Address
ORLANDO, FL 32832
City/State and Zip Code
finarzalto99@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THANH NGUYEN at (407) 800 - 9070
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

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. HAPPY VACATION LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SWEET VACATION RENTALS 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. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-0900000
(FEC 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. 3779 Ashridge Ln
(Street Address of Principal Office)

6. 3779 Ashridge Ln
(Mailing Address)

San Jose, CA 95121

San Jose, CA 95121

USA

USA

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

Name: THANH T NGUYEN

Office Address: 9484 Walnut Crest Dr

Orlando, Florida FL 32823
(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.

Thanh
(Registered agent's signature)

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JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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 checked="" type="checkbox"/> Manager	Name: <u>Steven To</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Thanh T Nguyen</u>
<input checked="" type="checkbox"/> Member	Address: <u>3779 Ashridge Ln</u>	<input checked="" type="checkbox"/> Member	Address: <u>9484 Walnut Crest Dr</u>
<input type="checkbox"/> Authorized	<u>San Jose, CA 95121</u>	<input checked="" type="checkbox"/> Authorized	<u>Orlando, FL 32832</u>
Person	<u>US</u>	Person	<u>US</u>
<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.

Thanh

Signature of an authorized person

THANH T. T. NGUYEN



California Secretary of State
Electronic Certified Copy

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify that the attached transcript of 1 page is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

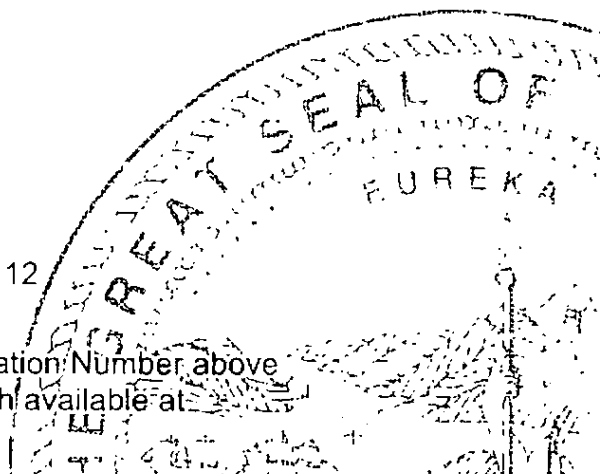


IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California on
this day of May 26, 2021

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Verification Number: TL88AF
Entity (File) Number: 202114611112

To verify the issuance of this Certificate, use the Verification Number above
with the Secretary of State Electronic Verification Search available at
bizfile.sos.ca.gov





California Secretary of State
Electronic Filing

FILED

Secretary of State
State of California

LLC Registration – Articles of Organization

Entity Name: Happy Vacation LLC

Entity (File) Number: 202114611112

File Date: 05/23/2021

Entity Type: Domestic LLC

Jurisdiction: California

Detailed Filing Information

1. Entity Name: Happy Vacation LLC
2. Business Addresses:
 - a. Initial Street Address of Designated Office in California: 3779 Ashridge Lane
San Jose, California 95121
United States
 - b. Initial Mailing Address: 3779 Ashridge Lane
San Jose, California 95121
United States
3. Agent for Service of Process: Steven P To
3779 Ashridge Lane
San Jose California 95121
United States
4. Management Structure: More than One Manager
5. Purpose Statement: The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

Electronic Signature:

The organizer affirms the information contained herein is true and correct.

Organizer: Steven To

Certificate Verification Number: TL88AF
Use bizfile.sos.ca.gov to verify the certified copy.