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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000430803 3))



H21000430803ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE LICENSE COMPANY LLC
Account Number : T20210020181
Phone : (844)484-2466
Fax Number : (858)284-8716

****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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**Foreign Limited Liability Company
Fairytale and Sunsets Travel,LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fairytales and Sunsets 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:

The License Company LLC

Name of Person

The License Company LLC

Firm/Company

55 E Granada Blvd Unit 1415

Address

Ormond Beach, FL 32175

City/State and Zip Code

info@thelicensecompany.com

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

For further information concerning this matter, please call:

The License Company LLC at 844 484-2466

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

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

IN COMPLIANCE WITH SECTION 602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Fairytales and Sunsets Travel, LLC

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

(All corporations and limited liability companies must include the words "Limited Liability Company," "LLC," or "LLP.")

2 TN

(Jurisdiction under the laws of which foreign limited liability company is organized)

3 83-1442585

(EIN Number, if applicable)

4

(List all registered offices in Florida, if more than one is registered.)

5 804 Iris Circle

(Street Address of Principal Office)

6 P.O. Box 1818

(Mailing Address)

Columbia, TN 38401

Columbia, TN 38401

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

Name:

Sydney Waitr

Office Address:

7912 Cumberland Park Dr, 6203

Orlando

Florida

(City and State)

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.

Sydney Waitr
(Registered agent's signature)

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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>Tammy Richardson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Russell Richardson</u>
<input type="checkbox"/> Member	Address: <u>804 Iris Circle</u>	<input type="checkbox"/> Member	Address: <u>804 Iris Circle</u>
<input type="checkbox"/> Authorized	<u>Columbia, TN 38401</u>	<input type="checkbox"/> Authorized	<u>Columbia, TN 38401</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.

Tammy Richardson
Signature of an authorized person

Tammy Richardson

Typed or printed name of signer

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Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

TAMMY RICHARDSON

November 22, 2021

TN

804 IRIS CIRCLE

COLUMBIA, TN 38401

Request Type: Certificate of Existence/Authorization

Issuance Date: 11/22/2021

Request #: 0446665

Copies Requested: 1

Document Receipt

Receipt #: 006736580

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3818615839

\$20.00

Regarding: Fairytale & Sunsets Travel, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 977578

Formation/Qualification Date: 08/02/2018

Date Formed: 08/02/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: MAURY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Fairytale & Sunsets Travel, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 050035308