

M22000001749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

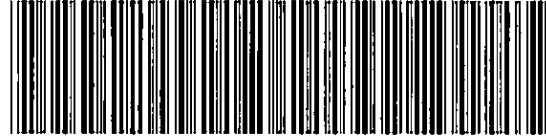
(Document Number)

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

Special Instructions to Filing Officer:

W22-10502

Office Use Only



700380230277

FILED

2022 DEC-31 AM 9:58

STATE  
FL

RECEIVED

2022 JAN 31 AM 10:44

TALLAHASSEE, FLORIDA

S. HAWKES

JAN - 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2022

SUNSHINE STATE

**CONNECTED**  
Please Allow For  
Same File Date

SUBJECT: RUNAWAY ADVENTURES, LLC  
Ref. Number: W22000010502

We have received your document for RUNAWAY ADVENTURES, LLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

The name designated in your document is unavailable since it is the same as, or  
it is not distinguishable from the name of an administratively dissolved/revoked  
entity. Names of administratively dissolved/revoked entities are not available for  
one year from the date of administrative dissolution/revocation unless the  
dissolved/revoked entity provides the Department of State with an affidavit or  
letter stating that they have no intention of reinstating, therefore, releasing the  
name for use to another entity.

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

Suzanne Hawkes  
Regulatory II

Letter Number: 922A00002552

RECEIVED  
2022 FEB -3 AM 11:55  
TALLAHASSEE, FLORIDA

# **Shine State Corporate Compliance Company**

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 1/31/2022

**\*\*WALK IN\*\***

ENTITY NAME RUNAWAY ADVENTURES LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # I20160000072

*W: C SW*

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Runaway Adventures, 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:

David Hubbard

\_\_\_\_\_  
Name of Person

Runaway Adventures, LLC

\_\_\_\_\_  
Firm/Company

PO BOX 21

\_\_\_\_\_  
Address

TOANO , VA 23168

\_\_\_\_\_  
City/State and Zip Code

MATT@MIDATLANTICTREE.COM

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

For further information concerning this matter, please call:

Georgina Vega

800

567-4397

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. Runaway Adventures, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Runaway Sportfishing, 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. North Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-4585949  
(FBI number, if applicable)

4. 7 FEBRUARY, 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.090 F.S. to determine penalty liability)

5. 42198 Askins Creek Drive  
(Street Address of Principal Office)

6. PO box 750  
(Mailing Address)

Avon, NC 27915

Avon, NC 27915

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

Name: URS AGENTS, LLC

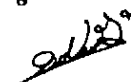
Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312  
(City) (Zip code)

2022 DEC -31 AM 9:59  
STATE  
FILE

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.

  
Georgina Vega, Assistant Secretary  
(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: Michael David Hubbard  
☐ Member Address: Po Box 21  
☐ Authorized Toano, VA 23168  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:**

**Name and Address:**

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Matt Taylor  
☐ Member Address: Po Box 21  
☒ Authorized Toano, Va 23168  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ 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.

Michael David Hubbard

Signature of an authorized person

Michael David Hubbard

Typed or printed name of signer



# NORTH CAROLINA

## Department of the Secretary of State

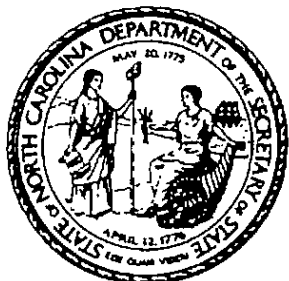
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **RUNAWAY ADVENTURES, LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 30th day of May, 2019

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of January, 2022.

*Elaine F. Marshall*

Secretary of State