

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE LICENSE COMPANY LLC
Account Number : 120210000181
Phone : (844)484-2466
Fax Number : (888)204-8716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@thelicensecompany.com

Foreign Limited Liability Company
MADE WITH MAGIC 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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S. FRANKLIN

NOV 29 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADE WITH MAGIC 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 844 4842466
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. MADE WITH MAGIC TRAVEL LLC

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

2. NEW HAMPSHIRE

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

3. _____
(FEI number, if applicable)4. _____
(This first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 37 GREENOUGH RD

(Street Address of Principal Office)

PLAISTOW, NH 038656. 37 GREENOUGH RD

(Mailing Address)

PLAISTOW, NH 038657. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: KERRI CLIFFORDOffice Address: 3846 DELEON STFT MYERS

(City)

, Florida

33901

(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.*

Kerri Clifford
(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 type="checkbox"/> Manager	Name:	KRISTIN MCCARTNEY	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	37 GREENOUGH RD	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		PLAISTOW, NH 03865	<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
<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

KRISTIN MCCARTNEY

Typed or printed name of a signer

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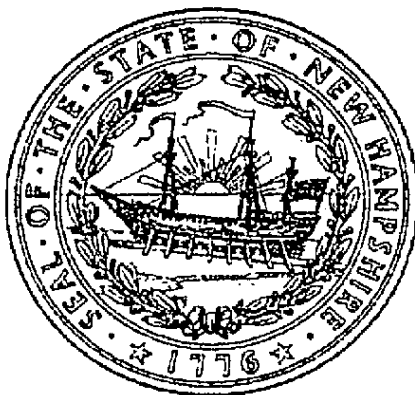
State of New Hampshire Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MADE WITH MAGIC TRAVEL LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on March 01, 2022. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 892568

Certificate Number: 0005890518



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of October A.D. 2022

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State