

9/25/23, 1:14 PM

Division of Corporations

H230003421623

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# M23000012502

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

## Foreign Limited Liability Company

### Abracadabra Experiences LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

RECEIVED  
49:14 AM 9/28/23  
FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Abracadabra Experiences 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

Amanda Morehouse

Name of Person

InCorp Services, Inc.

Firm Company

3773 Howard Hughes Pkwy. - Suite 500S

Address

Las Vegas, NV 89169-6014

City, State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call

Amanda Morehouse on behalf of InCorp Services, Inc. 800-246-2677

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 FLORIDAIN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. Abracadabra Experiences LLC

(Name of foreign limited liability company; must exclude "limited liability company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. If alternate name must include "limited liability company," "L.L.C.," or "LLC.")

2. Delaware

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

3. 93-2751662

(File number, if applicable)

4. 09/26/2023(Date first transacted business in Florida, if prior to registration;  
See sections 605.0904 & 605.0905, F.S., to determine penalty, if any.)5. 1420 Celebration Blvd, Ste 200

(Street Address of Principal Office)

6. 1420 Celebration Blvd, Ste 200

(Mailing Address)

Celebration, FL 34747Celebration, FL 347477. Name and street address of Florida registered agent (P.O. Box NOT acceptable)Name InCorp Services, Inc.Office Address 3458 Lakeshore DriveTallahassee

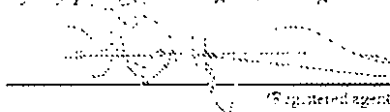
(City)

Florida 32312

(State and Zip)

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## 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.*Louise Greytenbach on behalf of InCorp Services, Inc

(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>Bruce J Newman</u>                            | <input checked="" type="checkbox"/> Manager | Name: <u>Matthew Cohn</u>                                 |
| <input type="checkbox"/> Member             | Address: _____                                         | <input type="checkbox"/> Member             | Address: _____                                            |
| <input type="checkbox"/> Authorized Person  | <u>620 Black Rock Rd</u><br><u>Bryn Mawr, PA 19010</u> | <input type="checkbox"/> Authorized Person  | <u>636 N Spring Mill Rd</u><br><u>Villanova, PA 19085</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 Person  | _____                                                  | <input type="checkbox"/> Authorized 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 Person  | _____                                                  | <input type="checkbox"/> Authorized 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 indexed 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 605.0205 (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.

Bruce J Newman

\_\_\_\_\_  
Typed or printed name of signer

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# Delaware

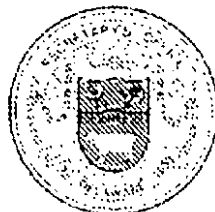
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABRACADABRA EXPERIENCES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABRACADABRA EXPERIENCES LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

7578399 8300

SR# 20233598367

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204260879

Date: 09-28-23

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