

M24000000310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

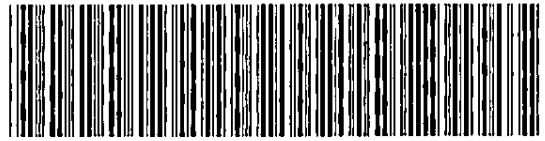
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/05/04

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. White Sands Family Vacations LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

2. Kansas 84-4291412
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/12/23
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13810 E Rockhill St 13810 E Rockhill St
(Street Address of Principal Office) (Mailing Address)
Wichita, KS 67230 Wichita, KS 67230

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Lynn White
Office Address: 106 Wadleigh Way
Miramar Beach, Florida 32550
(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.

(Handwritten signature)
(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: Lynn White
 Member Address: 13810 E Rockhill St
 Authorized Person Wichita, KS 67230
 Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Maxwell White
 Member Address: 13810 E Rockhill St
 Authorized Person Wichita, KS 67230
 Other _____ Other _____

Manager Name: Debbie Folkerts
 Member Address: 704 N Deerfield Ct
 Authorized Person Andover, KS 67002
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ Other _____

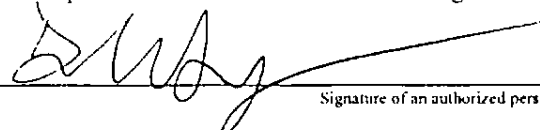
Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ Other _____

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.



 Signature of an authorized person

Debbie Folkerts

 Typed or printed name of signer

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9580473

Entity Name: WHITE SANDS FAMILY VACATIONS LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on January 14, 2020, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 30, 2023

A handwritten signature in cursive script that reads "Scott Schwab".

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1286816 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.