

M 24000000376

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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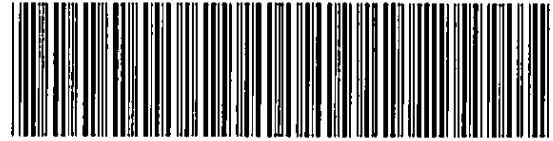
(Business Entity Name)

(Document Number)

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2024 JAN 12 PM 3:38
FILED
JAN 12 2024
JAN 12 2024

JAN 12 2024
K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wishes and Company Travel Planning
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:

Shelby Knopp
Name of Person

Wishes and Company Travel Planning
Firm/Company

570 Yates Cooney Neck Rd.
Address

Bloomfield, Ky 40008
City/State and Zip Code

admin@wishesandcotravel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelby Knopp at (502) 507-5467
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

RECEIVED

JAN - 8 2024

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. Wishes and Company Travel Planning LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Wishes & Co. Travel

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

3. 93-4414992
(FID number, if applicable)

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

5. 570 Yates Cooney Neck Rd
(Street Address of Principal Office)

6. 570 Yates Cooney Neck Rd.
(Mailing Address)

Bloomfield, Ky 40008

Bloomfield, Ky 40008

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

Name: Registered Agents Inc.

Office Address: 7901 4th St. N Ste 300

St. Petersburg

(City)

, Florida 33702

(Zip code)

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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.

David Roberts

(Registered agent's signature)

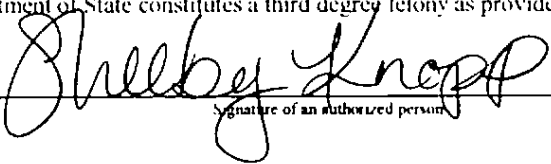
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: | <u>Shelby Knopp</u> | | <input type="checkbox"/> Manager | Name: | <u>Stephanie Peters</u> | |
| <input checked="" type="checkbox"/> Member | Address: | <u>570 Yates Cooney Neck Rd.</u> | | <input checked="" type="checkbox"/> Member | Address: | <u>5 Longview Ct.</u> | |
| <input type="checkbox"/> Authorized | | <u>Bloomfield, Ky 40008</u> | | <input type="checkbox"/> Authorized | | <u>South Elgin, IL 60177</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.


Signature of an authorized person

Typed or printed name of signee

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P O Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 301205

Visit <https://web.sos.ky.gov/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

WISHES AND COMPANY TRAVEL PLANNING LLC

WISHES AND COMPANY TRAVEL PLANNING LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 15, 2023 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of December, 2023, in the 232nd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
301205/1321477