

M24000014021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

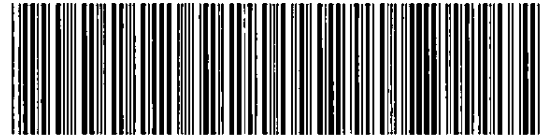
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 NOV -4 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 NOV -4 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -4 2024

K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/04/2024

****WALK IN****

ENTITY NAME RICHARD BONA TOURS, LLC

DOCUMENT NUMBER _____

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

XXXXXXXXXX

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 # 120160000072

Handwritten signature/initials

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: RICHARD BONA TOURS 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:

RICHARD BONA
Name of Person

RICHARD BONA TOURS LLC
Firm/Company

16558 NE 26th Ave, Apt # 3D
Address

NORTH MIAMI BEACH, FL 33160
City/State and Zip Code

cpfax23@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD BONA at (718) 777 1678
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. RICHARD BONA TOURS, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 16-1686722
(FED number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 16558 NE 26th AVE, Apt 3D
(Street Address of Principal Office)

6. 16558 NE 26th Ave, Apt 3D
(Mailing Address)

NORTH MIAMI BEACH, FL 33160

NORTH MIAMI BEACH FL 33160

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

Name: RICHARD BONA

Office Address: 16558 NE 26th AVE, Apt 3D

NORTH MIAMI BEACH, Florida 33160
(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.

Richard Bona
(Registered agent's signature)

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CORPORATION
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AND
FILED

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>Richard Bona</u>	<input type="checkbox"/> Manager	Name: <u>Richard Bona</u>
<input type="checkbox"/> Member	Address: <u>16558 NE 26th Ave</u>	<input checked="" type="checkbox"/> Member	Address: <u>16558 NE 26th Ave</u>
<input type="checkbox"/> Authorized	<u>Apt 30</u>	<input type="checkbox"/> Authorized	<u>Apt 30</u>
Person	<u>NORTH MIAMI BEACH</u>	Person	<u>NORTH MIAMI BEACH, FL</u>
	<u>FL 33460</u>		<u>33460</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>RICHARD BONA</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>16558 NE 26th Ave</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Apt 30</u>	<input type="checkbox"/> Authorized	_____
Person	<u>NORTH MIAMI BEACH</u>	Person	_____
	<u>FL 33460</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	_____	<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.

Richard Bona
Signature of an authorized person

RICHARD BONA
Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	RICHARD BONA TOURS, LLC
DOS ID Number:	2968296
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/23/2003
Statement Status:	CURRENT
Statement Due Date:	10/31/2025

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



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 01, 2024 at 01:57 P.M.

WALTER T. MOSLEY
Secretary of State

A handwritten signature in black ink, reading "Brendan C. Hughes".

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006865009 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>