

F00000000185

TRANSMIT LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: N.E. WATER TAXIS, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation  
to transact business in Florida.

Please return all correspondence concerning this matter to the following: 100003090941--9

JEFF ANDERSON  
(Name of Person)

N.E. WATER TAXIS, INC.  
(Firm/Company)

P.O. BOX 606  
(Address)

GREENLAND, N.H. 03840  
(City/State/Zip)

-01/06/00--01087--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

JEFF ANDERSON at (603) 431 6676  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

F00-185

Name	Availability
Preparer	Reviewer
Editor	Checker
Verifier	W. P. Verifier

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED

JAN - 6 PM 5:00

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. N.E. WATER TAXIS, INC  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW HAMPSHIRE 3. DE  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUL 29 1997 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JAN 1ST 2000  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. BOX 606  
GREENLAND, N.H. 03840  
(Current mailing address)

8. SEE ARTICLE FIVE OF ARTICLES OF CORP.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: JEFF ANDERSON

Office Address: 35 SOMBRERO BLVD  
MARATHON, Florida, 33050  
(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

FILED  
90 JAN -5 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: JEFF ANDERSEN

Address: 588 PORTSMOUTH AVE  
GREENLAND, N.H. 03840

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: PAMELA ANDERSEN

Address: 588 PORTSMOUTH AVE  
GREENLAND, N.H. 03840

Director: JOHN ALLGREN

Address: 101 MARKET ST, PORTSMOUTH, N.H. 03801

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: JEFF ANDERSEN

Address: 588 PORTSMOUTH AVE  
GREENLAND, N.H. 03840

Vice President: PAMELA ANDERSEN

Address: 588 PORTSMOUTH AVE  
GREENLAND, N.H. 03840

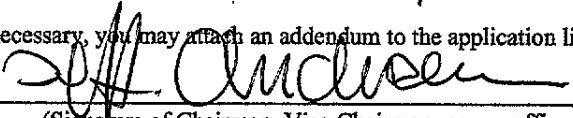
Secretary: JOHN ALLGREN

Address: 101 MARKET ST  
PORTSMOUTH, N.H. 03801

Treasurer: JEFF ANDERSEN

Address: 588 PORTSMOUTH AVE  
GREENLAND, N.H. 03840

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  PRES.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JEFF ANDERSEN PRESIDENT  
(Typed or printed name and capacity of person signing application)

FILED  
NO JAN - 6 PM 5:00  
SECRETARY'S OFFICE

*State of New Hampshire*  
*Department of State*

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify N.E. WATER TAXIS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on July 29, 1997. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

IN TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 4th day of January, A.D. 2000



William M. Gardner  
Secretary of State

