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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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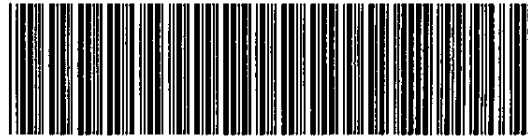
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*J* 11/10/11

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Port Sanibel Marine, 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," or "Certificate of Good Standing" 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:

Wilma Hartmann  
Name of Person

Port Sanibel Marine, Inc.  
Firm/Company

P.O. Box 351  
Address

Somerset Ky 42502  
City/State and Zip code

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

For further information concerning this matter, please call:

Randy Hartmann at ( 606 ) 677-0939  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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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

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. Port Sanibel Marine, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

Port Sanibel Marine, Incorporated  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KENTUCKY 3. 45-3657675  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-25-11 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1864 Ringgold Road Somerset Ky 42503  
(Principal office address)

P. O. Box 351 Somerset Ky 42502  
(Current mailing address)

8. To own, operate, and deal in and with marine properties  
(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 NOT acceptable)

Name: Von Hartmann

Office Address: 14311 Port Comfort Rd.

Fort Myers FL Florida 33908  
(City) (Zip code)

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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.

Von Hartmann  
(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 business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: Wilma J. Hartmann  
Address: 1864 Ringgold Road  
Somerset Ky 42503

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

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

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

B. OFFICERS

President: Wilma J. Hartman  
Address: 1864 Ringgold Rd.  
Somerset Ky 42503

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Wilma J. Hartman  
Address: 1864 Ringgold Rd. Somerset Ky 42503

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

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

13. Wilma Jean Hartmann  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Wilma J Hartmann  
(Typed or printed name and capacity of person signing application)

**Commonwealth of Kentucky**  
**Elaine N. Walker, Secretary of State**

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

**Certificate of Existence**

Authentication number: 119407  
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**PORT SANIBEL MARINE, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is October 28, 2011 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 4<sup>th</sup> day of November, 2011, in the 220<sup>th</sup> year of the Commonwealth.



*Elaine N. Walker*

Elaine N. Walker  
Secretary of State  
Commonwealth of Kentucky  
119407/0804421