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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

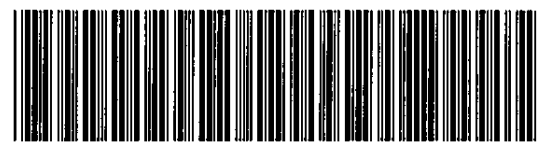
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

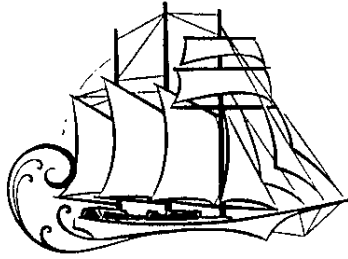


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TALLAHASSEE, FLORIDA

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◆ MYSTIC ◆  
*Adventure Sails*

December 23, 2015

*Via Federal Express Tracking No. 7752 6248 2333*

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

**RE: *Mystic Adventure Sails, LLC***  
***Foreign LLC Registration***

Dear Sir or Madam:

In reference to the above, enclosed please find the Application by Foreign Corporation for Authorization to Transact Business in Florida, together with the filing fee in the amount of \$70.00.

Kindly file the Application in the usual course.

If you have any questions please do not hesitate to advise.

Very truly yours,

41 Brooks Road  
Suite 1005  
Braintree, MA 02184

charters@mysticadventuresails.com  
P 508 470 3001  
F 339 502 8669

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mystic Adventure Sails, LLC

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:

Kim Marie Shaughnessy

Name of Person
Mystic Adventure Sails, LLC
Firm/Company
41 Brooks Drive, Suite 1005
Address
Braintree, MA 02184
City/State and Zip code
kshaughnessy@4barges.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Marie Shaughnessy	781	at (	)	535-6222 ext 262
Name of Person	Area Code			Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Kim Marie Shaughnessy

Address: \_\_\_\_\_  
Braintree, MA 02184

Vice Cha \_\_\_\_\_

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

Director: Kim Marie Shaughnessy

Address: c/o 41 Brooks Drive, Suite 1005  
Braintree, MA 02184

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

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

**B. OFF**

President Kim Marie Shaughnessy

Address: c/o 41 Brooks Drive, Suite 1005  
Braintree, MA 02184

Vice Pres \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

12. Kim Marie Shaughnessy, Director  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Kim Marie Shaughnessy

(Typed or printed name and capacity of person signing application)

**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. Mystic Adventure Sails, LLC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. Massachusetts 3. 30-0832137  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 16, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 41 Brooks Drive, Suite 1005 Braintree, MA 02184  
(Principal office address)  
41 Brooks Drive, Suite 1005, Braintree, MA 02184  
(Current mailing address, if different)

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

Name: Edward Welch, Esq.  
Office Address: 2 South Biscayne Blvd., 21st Floor  
Miami, Florida 33131  
(City) (Zip code)

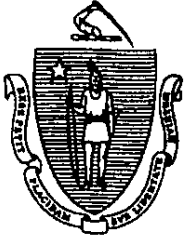
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TALLAHASSEE, FLORIDA

9. 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.*

Edward J. Welch  
(Registered agent's signature)

10. 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.



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

September 10, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**MYSTIC ADVENTURE SAILS, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 16, 2014.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**SERVICIO MARINA SUPERIOR, LLC**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **SERVICIO MARINA SUPERIOR, LLC, KIM SHAUGHNESSY**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **SERVICIO MARINA SUPERIOR, LLC**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth