M100000536/

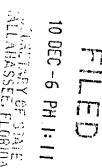
(Re	equestor's Name)	· ··				
(Ac	ldress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



700188238007

12/06/10--01027--022 **160.00



D. BRUCE

DEC 7 2010

EXAMINER

COVER LETTER

	ration Section on of Corporations	i .						
SUBJECT:	6	ULF C	OAST	RV Liability Compa	SERVICE nv	,	<u> </u>	
					•			
					on to Transact Bus I liability company			
Please return all	l correspondence	concerning this n	natter to the follo	owing:				
			JOHA	PAG	rea			
			Name o	of Person				
		GULF	COAST	RU	SERVI	CE L	1	
			Firm/C	ompany				
		2220	ORI	8~	LAKE	ORI	VE	
			Auc	11,622				
		NAVA	RRE	FL.	3256-	6		
		acrv	a hellsa	th net	port notification)			-
		E-mail address:	(to be used for I	uture annual rep	oort notification)			3
For further info	rmation concernin	g this matter, ple	ease call:				AHAS	- 330
	John	Bicker	at	(850)	791-46	60	<u> </u>	0
	Name	of Person			elephone Number		- CO	3 1
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327		Registration Clifton Build	Corporations Section ding			TATE	
	assee, FL 32314		Tallahassee,	ive Center Circl FL 32301	e			
Enclosed is a	check for the f	following amo	unt:					
\$12	5.00 Filing Fee	\$130.00 Fili Certificate		\$155.00 Filing Certified	Fee & \(\sigma\) \$160. Copy o	00 Filing I f Status &		

, APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 60 TYCOMPANYTOTR					TED TO REGIST	ER A FC	DREIGN
. <u>60</u> (Name of	Foreign Limited Lial	oility Company; mu	SERV/	nited Liabil	LLC ity Company,"	"L.L.C.," or "LLC].")	
	able, enter alternate n							
	anagers or managing							
(Jurisdiction uncompany is org	JEVAOA nder the law of which ganized)	ı foreign limited lia	3	2	7-40/9 FEI number, if	282 applicable)		
ł <i>/</i>	(Date of Organization	(D)(O)	5. (Di exis	ration: Yest or "perpe	ar limited liabili etual")	ity company will o	cease to	
5	(Data fire	t transacted busines	s in Clorida if	nnion to no	victuation)			
	(See sectio	ns 608.501 & 608.5	502 F.S. to dete	rmine pena	lty liability)		13:05. 330 0	Parking-year
·	2220	ORION	CAFE	- (IRIVE_	้ว (ก	١ د	March Tolland
 	NAVAR	QE FL.	Address of Princ	inal Office	7		2 2 2	m
	iability company i							
	Parker							32 <i>5</i> 6
				··········				
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	n original certificate of nder the law of which i		-	•	•	_	-	ords in
ranslation of the o	certificate under oath o	of the translator must	be submitted.)		_		_	
1. Nature of	business or purpo	ses to be condu	cted or prome	oted in Fl	Iorida: <u> </u>	V REPA	IR_	
	SERVICE		1.1.					
		() h						
	Signature	of a member of	an authorize	d represe	entative of a	nember.		
	(In accordan an affirmati	ce with section 608/4 on under the penality	08(3), F.S., the e	xecution of the facts state	this document cor ed herein are true	nstitutes :.)		
				20 H	v Benson	ParkerIII		
		Typed or	printed name	of signe	•			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Li	mited Liability Comp	any is:			
GULF	COAST	RV	SERVICE	LLC	
If unavailable, the alte	rnate to be used in the	e state of Flo	rida is:		
2. The name and the I		_	•		
	John Pur 2220 & Florida Street Add	KeR (Name)			10 DE
	2220 & Florida Street Add	PRION Sox	LAKE NOT ACCEPTABLE)	DRIVE ASSEE,	18 9-0
	MAUARRE	FL City/State	32.50 Zip	66 LORIDA	
Having been named as liability company at the agent and agree to act relating to the proper a obligations of my positi	registered agent and t e place designated in th in this capacity. I furth and complete performa	to accept servitis certificate her agree to unce of my du	vice of process for t , I hereby accept th comply with the pro ties, and I am fami	he above stated lin he appointment as t ovisions of all statu liar with and accep	nited registered ıtes
	\$ 100.00	_	ior Application	\ aont	

Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 30.00





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, GULF COAST RV SERVICE, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 1, 2010, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20101119-2586
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 19, 2010.

ROSS MILLER Secretary of State

' En Me