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CORPDIRECT AGENTS

PAGE 01/04

Division of Corporations

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Florida Department of State  
Division of Corporations  
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(((H11000100320 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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

## FLORIDA/FOREIGN LP/LLLP

## BAY POINT MARINA L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
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2011 APR 15 AM 10:41

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J. SAULSBERRY  
EXAMINER

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Corporate Filing Menu

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H11000100320 3

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. BAY POINT MARINA L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3.

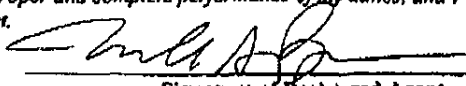
07/20/2000

Date of Formation

## 4. Name of Registered Agent for Service of Process and Florida Street Address:

United Corporate Services, Inc.9200 South Dadeland Boulevard, Suite 508Miami, FL 33156

5. 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.



Michael A. Barr, President

Signature of Registered Agent

## 7. Principle Office: (Florida Street Address)

265 Sunrise Avenue, Suite 204APalm Beach, FL 33480

## 8. Mailing Address:

265 Sunrise Avenue, Suite 204APalm Beach, FL 334809. If limited partnership is a limited liability limited partnership, check box ☐

## 10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Field Management LLC

Name of General Partner: \_\_\_\_\_

Street Address: 265 Sunrise Avenue, Suite 204A

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

Palm Beach, FL 33480Mailing Address: 265 Sunrise Avenue, Suite 204A

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

Palm Beach, FL 33480

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

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

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

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

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

H11000100320 3

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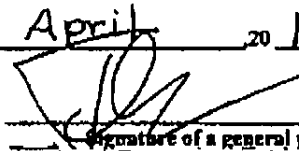
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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 8th day of April, 20 11

  
\_\_\_\_\_  
Signature of a general partner

Thomas L. Selfert as Authorized Representative of the General Partner, Field Management LLC  
The individual signing this document affirms that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2

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H11000100320 3

H11000100320 3

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAY POINT MARINA L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAY POINT MARINA L.P." WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8696664

DATE: 04-15-11

H11000100320 3