

B140000000069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

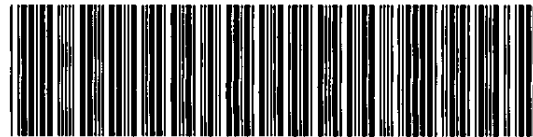
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-188806

Office Use Only



300251059553

03/27/14--01001--004 **1052.50

VOID

Record Voided;
Accepted in error; entity is/was LLC.
mmilligan; 03/01/15

FILED
2014 APR -7 PM 3:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 09 2014

J. B. C.

Not



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2014

CHERYL FLYNN
5301 ROBIN HOOD ROAD, SUITE 100
NORFOLK, VA 23513

SUBJECT: MID ATLANTIC MARITIME ACADEMY LLC
Ref. Number: W14000018866

VOID

We have received your document for MID ATLANTIC MARITIME ACADEMY LLC and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 314A00006479

FILED
2014 APR -7 PM 3:33
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

VOID

CHERYL FLYNN
5301 ROBIN HOOD ROAD, SUITE 100
NORFOLK, VA 23513

SUBJECT: MID ATLANTIC MARITIME ACADEMY LLC
Ref. Number: W14000018866

We have received your document for MID ATLANTIC MARITIME ACADEMY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$1000.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 514A00006365

FILED
2014 APR - 7 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

VOID

TO: Registration Section
Division of Corporations

SUBJECT: Mid Atlantic Maritime Academy LLC
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Cheryl Flynn

Contact Person

Mid Atlantic Maritime Academy LLC

Firm/Company

5301 Robin Hood Road, Suite 100

Address

Norfolk, VA 23513

City, State and Zip Code

accounting@mamatrains.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Flynn

Name of Contact Person

at (757) 464-6008 Ext 312

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

✓ STREET 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

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2014 APR - 7 PM 3:33

FILED

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

1. Mid Atlantic Maritime Academy LLC

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., 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. Commonwealth of Virginia

State or Country of Formation

3. April 18, 2007

Date of Formation

4. Federal Employer Identification Number: 20-8916429

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

Lee Goldman

6675 Corporate Center Pkwy, Suite 115
Jacksonville, FL 32216

VOID

6. 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.

Lee Goldman
Signature of Registered Agent

7. Principal Office:

Mid Atlantic Maritime Academy
5301 Robin Hood Rd, Ste 100
Norfolk, VA 23513

8. Mailing Address:

Same of Principal Office

9. 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: Arthur Goldman

Street Address: Same as #7

Mailing Address: Same as #7

Name of General Partner: Jim Miller

Street Address: 899 Highway 161

Mailing Address: Same as #7

Name of General Partner: Herb Zukerman

Street Address: 168 Business Park Dr, Ste 202

Virginia Beach, VA 23462

Mailing Address: Same as above

Name of General Partner:

Street Address:

Mailing Address:

2014 APR - 7 PM 33

FILED

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

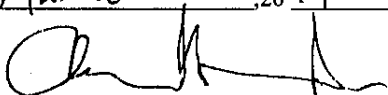
Mailing Address: _____ Mailing Address: _____

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 21st day of March, 20 14.



Signature of a general partner

The individual signing this document affirm 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

VOID

FILED
2014 APR - 7 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Commonwealth of Virginia



State Corporation Commission

VOID

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Mid Atlantic Maritime Academy, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is April 18, 2007; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

FILED
2014 APR - 7 PM 3:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

Signed and Sealed at Richmond on this Date:
March 20, 2014



Joel H. Peck

Joel H. Peck, Clerk of the Commission