

# F0000000000064

## TRANSMITTAL LETTER

December 27, 1999

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: NAUTICO, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

500003081795--6  
-12/28/99--01046--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Theresa M. Kolish, Esquire

(Name of Person)

Henderson, Franklin, Starnes & Holt, P.A.

(Firm/Company)

Post Office Box 280

(Address)

Fort Myers, FL 33902-0280

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Theresa M. Kolish

(Name of Person)

at ( 941 ) 334-4121

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE FLORIDA

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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. NAUTICO, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. INDIANA

(State or country under the law of which it is incorporated)

3. 35-1998176

(FEI number, if applicable)

4. October 31, 1996

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida (SEE SECTIONS 607.1501, 607.1502, AND 617.155, F.S.))

7. P.O. Box 1175

Captiva, Florida 33924

(Current mailing address)

8. Any and all lawful business for which a corporation may be incorporated.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

(P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Elizabeth J. McDermott

Office Address: 15411 Captiva Drive

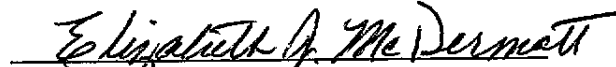
Captiva, Florida 33924

(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.*

  
(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 addresses of officers and/or directors:  
(Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street Address only - P.O. Box NOT acceptable)**

Director: Thomas J. McDermott, III

Address: 15411 Captiva Drive  
Captiva, Florida 33924

Director: Elizabeth J. McDermott

Address: 15411 Captiva Drive  
Captiva, Florida 33924

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

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Thomas J. McDermott, III

Address: 15411 Captiva Drive  
Captiva, Florida 33924

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

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

Secretary: Elizabeth J. McDermott

Address: 15411 Captiva Drive  
Captiva, Florida 33924

Treasurer: Elizabeth J. McDermott

Address: 15411 Captiva Drive  
Captiva, Florida 33924

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

13. Elizabeth J. McDermott  
(Signature of Chairman, Vice Chairman, or any officer listed  
in number 12 of the application)

14. Elizabeth J. McDermott, Director and Secretary  
(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**NAUTICO, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 31, 1996, and was in existence or authorized to transact business in the State of Indiana on December 21, 1999.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

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In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-First Day of December, 1999.

*Sue Anne Gilroy*

SUE ANNE GILROY, Secretary of State