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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MEMPHREMA606 NAVIGATION COMPANY INC
(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", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

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-03/28/00--01043--001
*****78.75 *****78.75

Please return all correspondence concerning this matter to the following:

CHRIS JOHANSEN
(Name of Person)

MNC INC.
(Firm/Company)

215 SIAS AVE / MAIL P.O. BOX 352
(Address)

NEWPORT VT 05855
(City/State/Zip)

FLORIDA ADDRESS: P.O. BOX 640311-114 W. GOLDENTUFT CT-BEVERLY HILLS FL 34464

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

CHRIS JOHANSEN at (352) 746-9245
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
00 MAR 28 PM 12:00
STATE OF FLORIDA
TALLAHASSEE

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

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. MEMPHRE MAGOG NAVIGATION COMPANY, 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. VERMONT 3. 03-0351467
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 15 1996 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. ANTICIPATED DATE OF OCT 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 215 SIAS AVE
NEWPORT VT 05855
(Current mailing address)

8. OPERATE A TOUR/SIGHTSEEING VESSEL-TOUR BOAT
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

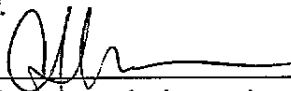
Name: CHRIS JOHANSEN

Office Address: 114 W. GOLDENTUFT CT

BEVERLY HILLS, Florida, 34465
(Zip code)

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)

FILED
00 MAR 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Chairman: CHRIS JOHANSEN

Address: 215 SIAS AVE

NEWPORT VT 05855

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: CHRIS JOHANSEN

Address: 215 SIAS AVE

NEWPORT VT 05855

Vice President: _____

Address: _____

Secretary: LORRAINE JOHANSEN

Address: 215 SIAS AVE

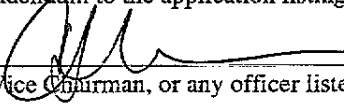
NEWPORT VT 05855

Treasurer: _____

Address: _____

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00 MAR 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

14. CHRIS JOHANSEN PRESIDENT
(Typed or printed name and capacity of person signing application)



STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office

MEMPHREMAGOG NAVIGATION COMPANY, INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on April 15, 1996

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.

March 17, 2000

*Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital*

Deborah L. Markowitz
Secretary of State



FILED
00 MAR 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA