

F09000004848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

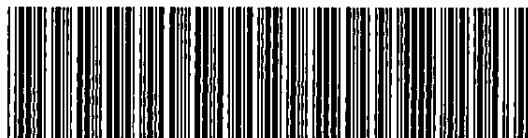
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/09--01027--001 **70.00

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2009 DEC -1 P 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-8-09
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COVER LETTER

FILED
2009 DEC -7 P 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Museum of Yachting
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Wendy K. Knox
Name of Person

Museum of Yachting
Firm/Company

449 Thames Street
Address

Newport RI 02840
City/State and Zip Code

W.Knox@ihrs.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy K. Knox at (401) 848 5777 Ext. 207
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
RECEIVED SEP 21 2009

DEC -7 AM 11:53

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2009 DEC -7 P 2:03
FILED

September 16, 2009

WENDY K. KNOX
MUSEUM OF YACHTING
449 THAMES ST.
NEWPORT, RI 02840

SUBJECT: MUSEUM OF YACHTING, INC.
Ref. Number: W09000041569

We have received your document for MUSEUM OF YACHTING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

attached
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable. ✓

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 009A00030526

APPLICATION BY FOREIGN NOT-FOR-PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

RECEIVED SEP 21 2009

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Museum of Yachting, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Rhode Island 3. 05-0387774
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/8/80 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 10 Fort Adams Drive Newport, RI 02840
(Principal office address)

449 Thames Street Newport, RI 02840
(Current mailing address)

8. Dedicating to preserving the culture of yachting by fostering education.
(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 NOT acceptable)

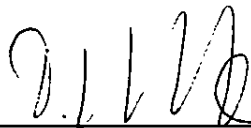
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.



TRACI HOUCK
SPECIAL ASSISTANT SECRETARY

(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.

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2009 DEC -7 P 2:04
TALAHASSEE, FLORIDA
SECRETARY OF STATE

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2009 DEC -7 P 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: George M. Isdale Jr.

Address: 449 Thames Street
Newport, RI 02840

Vice Chairman: John McCray

Address: 449 Thames Street
Newport, RI 02840

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Terry Nathan

Address: 449 Thames Street
Newport, RI 02840

Vice President: _____

Address: _____

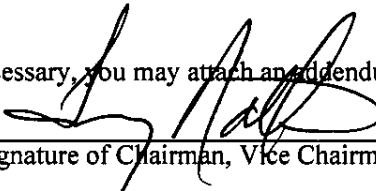
Secretary: Martha Fay Coolidge

Address: 449 Thames Street, Newport, RI 02840

Treasurer: Harry Rein

Address: 449 Thames Street, Newport RI 02840

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. Terry Nathan - President
(Typed or printed name and capacity of person signing application)

RECEIVED SEP 21 2009



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

The Museum of Yachting

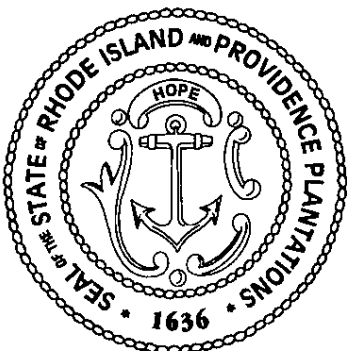
a Rhode Island non-profit corporation, filed articles of association in this office on the 14th day of January, 1980; and

IT IS FURTHER CERTIFIED that as of this date said non-profit corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED this eighth day of
September, A.D. 2009.

Secretary of State

BY



SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2009 DEC - 7 P 2:04

FILED