F 11000002345

(F	Requestor's Name)	
A).	Address)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
(D	ocument Number)	·····
ertified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
	Office Use Only	
	Office Use Only 547-657 1000283	

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COVER LETTER

TO:	New Filing Section
	Division of Corporations

SUBJECT:	Marine	Solutions,	Inc.
	N	C	

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," or "Certificate of Good Standing" 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:

Debbre Isaacs
Name of Person
Marine Solutions, Inc.
Firm/Company
250 Gola Rush Rd, Suite A
Address
Lexington, K-entucky 40503 City/State and Zip code
City/State and Zip code
<u>disaacs@msimarineSolutions.com</u> E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>ebbic Isaacs</u> at (<u>859</u>) <u>240-1055</u> Name of Person Area Code & Daytime Telephone Number

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

MAILING ADDRESS: New Filing Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

FILLING ECRETARYOF STATE SION OF GOXPORATIO

Enclosed is a check for the following amount:

\$70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy



BY:

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2011

DEBBIE ISAACS 250 GOLD RUSH ROAD SUITE 4 LEXINGTON, KY 40503

SUBJECT: MARINE SOLUTIONS, INC. Ref. Number: W11000028325

JUN - 3 AH 10: 30 RECEIVED

We have received your document for MARINE SOLUTIONS, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A brief description of the entity's nature of business must be included in the document.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 411A00012720



www.sunbiz.org

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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. Marine Solutions, Inc.

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, .[.] .

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Marine Solut	ions of Kentucky, Inc.				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
2. Kentucky		3.	20-5802740		
(State or country	under the law of which it is incorporated)	•	(FEI number, if applicable)		
4, 11/08/06		5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 250 Gold F	Rush Road, Suite 4 Lexingto	n	KY 40503		
	(Principal office	add	ress)		
250 Gold F	Rush Road, Suite 4 Lexing	ito	n KY 40503		
P.P.B. March	(Current mailing	add	ress)	N=1 1 N_8	
	Le Graneviri a	Ń		Han.	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)					
9. Name and stree	t address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	SEI	
Name:	Richard A. Chapman		NUL	ION OF	
Office Address:	237 East Betony Branch Way	<u> </u>	ٺ	- CONT	
••	St. Johns		, Florida 32259-4050		
-	(City)		(Zip code)		
10. Registered ag	ent'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) in march an 计过程 计直接问题

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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. . 1 -. ···· · · · ·

	State and the second second second
12. Names and business addresses of officers and/or directors:	SECRETARIAS SIAIL
A. DIRECTORS	MH JUN - 3 PH 2: 19
Chairman: <u>Amy Wilkins</u>	
Address: <u>250 Gold Rush 12d, Ste. 4</u>	·
Lexington, KV 40503	
Vice Chairman: 100 WILKINS	
Address: 250 Gold Ruch Rd, Ste 4	
Lexington, KY 40503	·
Director: Mark ISAACS	
Address: 250 Gold Rush Rd, Ste 4	
Lexington, KY 40003	
Director:	
Address:	
B. OFFICERS	
President: AMY WIIKINS	
Address: 250 Gold Rush Rd, Ste. 4	
Lexington, KY 40503	
Vice President: Don Wilkin's	
Address: 250 Gold Ruch Rd., Ste. 4	
hexination, KV 40-02	
secretary: Don Wilkins	
Address:	
Apoly Wilking	
Address: 250 Gold Rush Rd. Ste. 4 Lexington, KY 41)5x3
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
13 Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirms that are true and that he or she is aware that false information submitted in a document to the Depart	it the facts stated herein ment of State constitutes a
third degree felony as provided for in s.817.155, F.S.	
14. <u>Amy Wilkins</u> , Hesident	
(Typed or printed name and capacity of person signing application)	

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Commonwealth of Kentucky Elaine N. Walker, Secretary of State

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 112768 Visit <u>https://app.sos.ky.gov/ftshow/certvalidate.aspx</u> to authenticate this certificate.

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MARINE SOLUTIONS, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is November 8, 2006 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 28th day of April, 2011, in the 219th year of the Commonwealth.



. N. Walter

Elaine N. Walker Secretary of State Commonwealth of Kentucky 112768/0650590