

Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION ST FRANCIS RESORT & MARINA LIMITED, CO.

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November 14, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT ACENTS, INC.

SUBJECT: ST FRANCIS RESORT & MARINA LIMITED, CO.

REF: W12000057445

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey FAX Aud. #: H12000270220 Regulatory Specialist II Supervisor Letter Number: 212A00027449 New Filing Section

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PLEASE DATE AS FILE DATE

11/13/12

P.O BOX 6327 - Tallahassee, Florida 32314

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.	Enter name of co	Resort & Marina Limited, COPP. orporation; must include "INCORPORATED	," "COMPANY," "CORPORATION,"	
		orp," "Inc," "Co," or "Corp.")		
	(If name unavaile	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting bu	siness in Florida)
2.	Bahamas	3	98-1077800	
		under the law of which it is incorporated)	(FBI number, if applicab	le)
4.	March 29,	2000	, <u>Perpetual</u>	
•		of incorporation)	(Duration: Year corp. will cease to exis	t or "perpetual")
б.		November		
			in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	· 产品 2
7.	St Francis	Resort & Marine, Stocking is		Bahamas 🔼 📑
		(Principal office ad	•	w Sill w I
	P.O. Box	EX29210, Georgetown		
		(Current mailing ad	dress)	
•	owning bank a	account through which process credit	card charges for customers in its Ba	ahamlan resort
٥,) of corporation authorized in home state or		
9.	Name and atree	nt address of Florida registered agent: (P.	O. Box NOT acceptable)	
	Name:	NRAI Services, Inc.		
0	ffice Address:	515 East Park Avenue		•
		Tallahassee	, Florida 32301	
		(Clty)	(Zip code)	
H de fu	aving been nam esignated in this orther agree to c	gent's acceptance: sed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	iment as registered agent and agree to relative to the proper and complete pe	act in this capacity. I
	/	Manhaillal	Michele Holden,	
	()	NHI Wettake	Asst. Secretary	
	, 0-	(Registered agent's signators)	,

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 Scoretary 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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FILED

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•	12 101	
12. Names and business addresses of officers and/or directors: A. DIRECTORS	SECRETARY OF STATU TALLANASSEE, FLU: DA	
Chairmen:	,	
Address:		
Vice Chairman:		
Address		
Director: George K. Godfrey		
Address: P.O. Box EX29210. George Tov		
,		;
Director:		
Address:		
•		
B. OFFICERS		
Provident: George K. Godfrey		
Address: P.O. Box EX29210, George Town, Exu	ma, Bahamas	
	•	
Vice President:		
Address		
		 .
Secretary:	· ·	
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach at addendum to the applic	ation listing additional officers and/or directors.	
13		
Signature of Director The officer or director aigning this document (and who is listed i are true and that he or she is aware that false information submits third degree falony as provided for in s.817.155, F.S.	or Officer n number 12 above) affirms that the facts stated he ad in a document to the Department of State const	rein dutes
14. George Godfrey, Director		•
(Typed or printed name and capacity of	nerson klening application):	

