F98000004520

TRANSMITTAL LETTER

То:	Qualification/Tax Lien Section Division of Corporations	· ·
SUBJ	ECT: SEA VIEW, LT	D
	(Name	of corporation - must inc 100002589771—0
Dear	Sir or Madam:	*****78.00 *****70.00
Florid	nclosed "Application by Foreign la", "Certificate of Existence", and the corporation to transact busine	Corporation for Authorization to Transact Business in and check are submitted to register the above referenced as in Florida.
Please	e return all correspondence conc	erning this matter to the following:
		Thomas H. Holzer, President
	-	(Name of Person)
		Sea View, Ltd.
		(Firm/Company)
		6802 Seaview Way
		(Address)
		Tampa, Florida 33615
		(City/State/Zip)
Should	d you need to call someone conc	
	Tom Holzer	at (813)818-7143 ≥ SE
		at (813)818-7143
COUR	CIER ADDRESS:	
೧ೣೣಀೣಽ	ication/Tax Lien Section	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327
-	on of Corporations	Qualification/Tax Lien Section
	Gaines St.	Division of Corporations
	assee, FL 32399	
ı amanı	assee, I'L 34377	Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 13, 1998

THOMAS H. HOLZER SEA VIEW, LTD. 6802 SEAVIEW WAY TAMPA, FL 33615

SUBJECT: SEA VIEW, LTD. Ref. Number: W98000015775

- received 7/15 - northere

We have received your document for SEA VIEW, LTD.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return 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) 487-6092.

Hart Collins Senior Corporate Section Administrator

Letter Number: 598A00037174

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type) SeaView, LTD

I, the undersigned Thomas Holzer (Name)	, do hereby certify
that this Resolution of the Board of Directors of	
Sea View, LTD. (Corporate Name)	
a corporation duly organized and existing under the laws of the State of	laryland,
was duly adopted onAugust 8	, 19 <u>98</u> .
Be it resolved, that Sea View, LTO. (Corporate Name)	
organized and existing in the State of Maryland, he	
Bay Pointe Corporation	for use in Florida.
Dated: 8/8/98	je sa
Signature of either Chairman, Vig Chairman or any officer	SECRETA DIVISION OF 98 AUG 1
Thomas Holzen-president Type or print name	ILED STATE CORPORATION
Thurs 10/4/06)	ATTONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORID REGISTER A FOREIGN CORPORATION TO TRANSA	A STATUTES, THE FOLLOWING IS SUBMITT ACT BUSINESS IN THE STATE OF FLORIDA.	ED TO
1. SEA VIEW, LTD.		···
(Name of corporation; must include the word "INCORPOI abbreviations of like import in language as will clearly indepartnership if not so contained in the name at present.)	icate that it is a corporation instead of a natural per-	son or
2. Maryland	3. <u>52 - 1840529</u> (FEI number, if applicable)	
(State or county under the law of which it is incorporated	(FEI number, if applicable)	
4. April 16, 1998 (Date of incorporation)	5. Perpetual (Duration: Year Corp. Will cease to exist or "p	perpetual")
 Not yet started transacting business activity (Date first transacted business in Florida.)(SEE SECT) President Thomas H. Holzer 	FIONS 607.1501, 607.1502 and 817.155, F.S.)	
8. To engage in the general ownership, management, pure business property; to engage in real estate transactions (Purpose(s) of corporation authorized in home	financing of residential, commercial and business estate or country to be carried out in state of Florida	property. a)
Name and street address of Florida registered agen Name: Thomas H. Holzer	t: (P.O. Box or Mail Drop Box <u>NOT</u> acceptabl	e) =
Office Address: 6802 Seaview Way		VISION O
Tampa	Florida, 33615 (Zip code)	F CORPO
10. Registered agent's acceptance:		F STAT
Having been named as registered agent and to accept service of in this application, I hereby accept the appointment as registered with the provisions of all statutes relative to the proper and complete obligations of my position as registered agent. Registered agent's signature	d agent and agree to act in this capacity. I further agre	e to comply

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) Chairman: Thomas H. Holzer Address: 6802 Seaview Way Tampa, Florida 33615 Vice Chairman: None Address: Director: None Address: Director: None Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Thomas H. Holzer Address: 6802 Seaview Way Tampa, Florida 33615 Vice President: None Address: Secretary: Thomas H. Holzer Address: 6802 Seaview Way Tampa, Florida 33615 Treasurer: ____ Thomas H. Holzer Address: 6802 Seaview Way Tampa, Florida 33615 NOTE: If necessary, you may attach an afidendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Holzer president (Type or printed name and capacity of person signing application)

STATE OF MARYLAND

647276

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

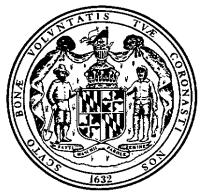
301 West Preston Street Baltimore, Maryland 21201

1, JOYCE M. THOMPSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE_OF_MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SEA VIEW, LTD.

1S A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

SECRETARY OF STATE DIVISION OF CORPORATIONS



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 30TH DAY OF JUNE, 1998.

JOYCE M. THOMP LEGAL OFFICER

AT5 - 031