# F9900003830

#### TRANSMITTAL LETTER

| _  | ation/Tax Lien Section of Corporations |   |  |
|--|--|---|--|
| SUBJECT:   | Ferry Le                               | asing, Inc.   |  |
|  | (Name of                               | corporation - must include suffix)  |  |
| Dear Sir or Mada   | am:                                    |   |  |
|  | xistence", and check are sub           | oration for Authorization to Transac<br>omitted to register the above reference             |  |
| Please return all  | correspondence concerning              | this matter to the following:   | r 65   |
| _  | Todd D.                                | Snyder, Esquire   |  |
|  |  | (Name of Person)  | 27 27  |
|  |  |   |  |
| •  |  |   |  |
|  | oor $\Xi$ gr                           |   |  |
| •  |  | (Address)   | - yntr   |
|  | Washington, D.C. 20037                 | ÷   | 7/27   |
| •  | ····                                   | (City/State/Zip)  | •  |
| Should you need  | to call someone concerning             |   | 00029337409<br>-07/16/9901092012<br>*****78.75 *****78.75    |
|  |  |   | w99-16766  |
| Todd D. Sny  | of Person)                             | (Area Code & Daytime Telepho  | one Number)  |
| (Ivanie  | or a exsorry                           | (Mea Code & Daynine Toxopic   | no rumour  |
| STREET ADD   | RESS:                                  | MAILING ADDRESS   | S:   |
| Qualification/Ta<br>Division of Corp<br>409 E. Gaines S<br>Tallahassee, FL | oorations                              | Qualification/Tax Lien<br>Division of Corporation<br>P.O. Box 6327<br>Tallahassee, FL 32314 | ns   |
| Enclosed is a ch   | eck for the following amoun            | ıt:   |  |
| □ \$70.00 Filing   | Fee S78.75 Filing For Certificate of S |   | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 21, 1999

TODD D. SNYDER, ESQ. DYER ELLIS & JOSEPH, P.C. 600 NEW HAMPSHIRE NW 11TH FL WASHINGTON, DC 20037

SUBJECT: FERRY LEASING, INC. Ref. Number: W99000016766

We have received your document for FERRY LEASING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filling year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 199A00037264

99 JÜL 27 AMII:

#### 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.      |  | Leasing, Inc.   |                                 |              |                          |                     |            |             |
|---------|--|---|---------------------------------|--------------|--------------------------|---------------------|------------|-------------|
|         | (Name of corpor                        | ration; must include the word   | "INCORPORA                      | ATED", "C    | OMPANY", "CORI           | PORATION" or        | •          |             |
|         |  | iations of like import in langu   |                                 |              |                          | tion instead of a   |            | -           |
|         | natural person o                       | r partnership if not so containe  | ed in the name                  | at present.  | )                        |                     |            |             |
|         |  |   |                                 |              |                          |                     |            |             |
| 2.      | Delaw                                  | are   |                                 | 3            | not yet avail            |                     |            |             |
|         | (State or country                      | under the law of which it is in   | ncorporated)                    |              | (FEI numbe               | r, if applicable)   |            |             |
| 4.      |  | 18, 1999  | 5                               |              | Perpetual                |                     |            | · .         |
|         |  | e of incorporation)   | ·                               | Duration:    | Year corp. will cease    | to exist or "per    | petual")   |             |
|         |  |   |                                 |              |                          |                     |            | <u>≨</u> ∞  |
| 6.      | upon qual                              |   |                                 |              |                          |                     | <u> </u>   | <u> </u>    |
|         | (Date first                            | transacted business in Florida  | a.) (SEE SECT                   | TIONS 607    | .1501, 607.1502 and      | 817.155, F.S.)      | =          | <u>=</u>    |
|         |  |   |                                 |              |                          |                     | 27         | 757         |
| 7.      | 1300                                   | <u> Hendry Street, Ft. Myers,</u>   | <u>Florida 33</u>               | 3901         |                          |                     |            | <u> </u>    |
|         |  |   |                                 |              |                          |                     | 3          |             |
|         |  | (0-   |                                 | 14           |                          |                     |            |             |
|         |  | •   | ent mailing ad                  |              |                          |                     | . ω        |             |
|         | Inclu                                  | des, without limitation,  | to engage ge                    | enerally i   | n the acquisition        | i, leasing and      | financin   | g 📻 🔭 🏺     |
| ۰       | of an                                  | y and all kinds of boats,<br>ery class and description  | ships, vess                     | sels, ferr   | ies, tankers, tug        | js, barges, an      | d lighter  | S           |
| ٥.      | (Purpose)                              | s) of corporation authorized in   | home state o                    | r country to | be carried out in sta    | nte of Florida)     |            |             |
|         | (Turpose)                              | s) or corporation address 200 is  | I HOME BLADE O                  | r country a  | , 00 000,100 001 1,1 011 | ····                |            |             |
| 9.      | Name and str                           | eet address of Florida reg  | gistered ager                   | nt: (P.O.)   | Box or Mail Drop         | Box <u>NOT</u> acce | eptable)   |             |
|         | Name:                                  | Mark C. Summers   |                                 |              |                          |                     |            | <del></del> |
|         |  | 1200 Handay Street  |                                 |              |                          |                     |            |             |
| O       | office Address:                        | 1300 Hendry Street  |                                 |              |                          |                     |            |             |
|         |  |   |                                 |              |                          |                     |            |             |
|         |  | Ft. Myers   |                                 | ,            | Florida, <u>33901</u>    |                     |            |             |
|         |  |   |                                 |              | (Zip code)               |                     |            |             |
|         |  |   |                                 |              |                          |                     |            |             |
| 1       | 0. Registered a                        | agent's acceptance:   |                                 |              |                          |                     |            |             |
|         | _                                      | _   |                                 |              |                          |                     |            |             |
| th<br>W | is application, I<br>ith the provision | ed as registered agent and to o<br>hereby accept the appointmen<br>s of all statutes relative to the<br>my position as registered age | nt as registere<br>proper and c | d agent an   | d agree to act in this   | capacity. I fur     | ther agree | to comply   |
|         |  | Mach C.   |                                 |              | <u></u>                  |                     |            |             |
|         | (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.

Please see Attachment.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

| A. DIRECTORS               | S (Street address only - P.O. Box NOT acceptable)   |               |  |
|----------------------------|---|---------------|--|
| Chairman:                  |   |               |  |
| Address:                   |   |               |  |
| Director.<br>Vice Charman: | Mark C. Summers   |               |  |
|                            | 1300 Hendry Street, Ft. Myers, Florida 33901  |               |  |
| Director:                  | Mark Falcoff  |               |  |
| Address:                   | 1300 Hendry Street, Ft. Myers, Florida 33901  | <u>.</u>      | <del></del>                              |
| Director:                  | Juan Carlos Lopez Mena  |               | IN I |
| Address:                   | Av. Antoritida Argentina 821 (Puerto Madero)  | اللا 99       |  |
| B. OFFICERS                | CP 1104 Buenos Aires, Argentina  S (Street address only - P.O. Box NOT acceptable)                  | <u>-</u> 23   |  |
| President:                 | Mark C. Summers   | 3             | <del></del>                              |
| Address:                   | same as above   | <u>မ</u><br>မ |  |
| Vice President:            |   |               |  |
| Address:                   |   |               |  |
| Secretary:                 | Mark Falcoff  |               |  |
| Address:                   | same as above   |               |  |
| Treasurer:                 | Juan Carlos Lopez Mena  |               |  |
| Address:                   | same as above   |               |  |
| NOTE: If neces             | essary, 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                         | Mark C. Summers  (Typed or printed name and capacity of person signing application)                 |               | <del>-</del>                             |

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FERRY LEASING, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF
JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES



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Edward J. Freel, Secretary of State

9833531

AUTHENTICATION:

06-28-99

DATE: