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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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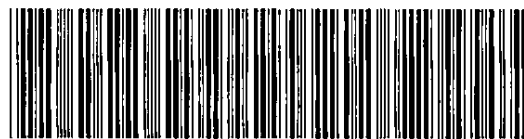
(Business Entity Name)

(Document Number)

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J. SILVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Island Coastal Charters LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Barry, Esq.

Name of Person

Rossway Swan Tierney Barry Lacey & Oliver, P.L.

Firm/Company

2101 Indian River Blvd, Suite 200

Address

Vero Beach, Florida 32960

City/State and Zip Code

kbarry@rosswayswan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Barry, Esq.

at (

772

231-4440

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Island Coastal Charters LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000055208

**THIRD:** The street address of the limited liability company's principal office is:

150 S. Apollo Dr.,

Melbourne, FL 32901

The mailing address of the limited liability company's principal office is:

150 S. Apollo Dr.,

Melbourne, FL 32901

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.


a. Granted to: Robert McBride & John MacDonald

b. No authority granted to: Jeff Hefner

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Robert McBride & John MacDonald

b. No authority granted to: Jeff Hefner

  
Signature of authorized representative

ROBERT MCBRIDE  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)