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L16000055208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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FEB 21 2018

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

Name of Person

ROSSWAY SWAN

Firm/Company

2101 INDIAN RIVER BLVD, SUITE 200

Address

VERO BEACH, FL 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:

Aaron Lyons

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.

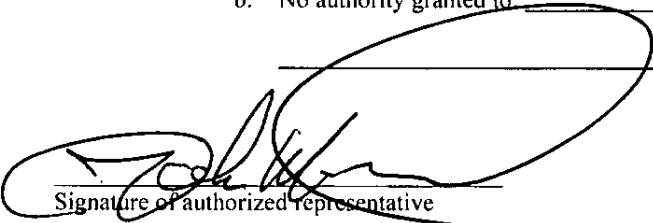
a. Granted to: ROBERT MCBRIDE & JOHN MACDONALD

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

JOHN MACDONALD

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 20 AM 9:30