

m000000000 2308

**AJT**

**A. JEFFREY TOMASSETTI**

*Attorney at Law*

Telephone  
(904) 261-1833

August 28, 2000

406 Ash Street  
Post Office Box 1443  
Fernandina Beach, FL  
32035-1443

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

900003378079--3  
-08/30/00--01078--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75  
900003378079--3  
-11/14/00--01092--003  
\*\*\*\*\*51.25 \*\*\*\*\*51.25

RE: St. Martin's Island Preserve, L.L.C.

Dear Sir or Madam:

Enclosed please find the Application by Foreign Corporation for Authorization to Transact Business in Florida along with an original Certificate of Existence from the State of North Carolina.

Also enclosed is a check in the amount of \$78.75 for the registration fee and a certificate of status.

If you have any questions or need further information, please call me.

Sincerely,

*Gail Cope*  
Gail Cope  
Legal Assistant

FILED  
03 NOV - 8 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

/gc

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
Witnesser	DCC

① Wrong form + fee

C. TAX \_\_\_\_\_  
FILING 51.25 \_\_\_\_\_  
R. AGENT FEE \_\_\_\_\_  
C. COPY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

6 pages

m000000000 2308



**A. JEFFREY TOMASSETTI**

*Attorney at Law*

Telephone  
(904) 261-1833

October 24, 2000

406 Ash Street  
Post Office Box 1443  
Fernandina Beach, FL  
32035-1443

Diane Cushing  
Corporate Specialist  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: St. Martin's Island Preserve, L.L.C.

Dear Sir or Madam:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. The original Certificate of Existence from the State of North Carolina was sent to you on August 28, 2000.

Also enclosed is a check in the amount of \$51.25. I send a check in the amount of \$78.75 on August 28, 2000, for the additional registration fee, Designation of Registered Agent, and a certificate of status.

If you have any questions or need further information, please call me.

Sincerely,

*Gail Cope*  
Gail Cope  
Legal Assistant

/gc



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 1, 2000

GAIL COPE  
A. JEFFREY TOMASSETTI  
P.O. BOX 1443  
FERNANDINA BEACH, FL 32035-1443

SUBJECT: ST. MARTIN'S ISLAND PRESERVE, L.L.C.  
Ref. Number: W00000021621

We have received your document for ST. MARTIN'S ISLAND PRESERVE, L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form and sent in the wrong fees. Please complete the attached form and send in the difference in fees.

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) 487-6913.

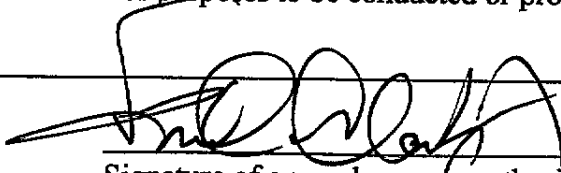
Diane Cushing  
Corporate Specialist

Letter Number: 300A00046800

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. St. Martin's Island Preserve, L.L.C.  
(Name of foreign limited liability company)
2. North Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A  
(FEI number, if applicable)
4. May 26, 2000  
(Date of Organization)
5. December 31, 2050  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 9/01/2000  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. P. O. Box 2469      3900 N. Croatan Highway  
Kitty Hawk, NC 27949  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:
- William J. Fields, 3900 N. Croatan Highway, Kitty Hawk, NC 27949
- Furman O. Clark, Jr., 3900 N. Croatan Highway, Kitty Hawk, NC 27949
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Any legal purpose



Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Furman O. Clark, Jr.

Typed or printed name of signee

FILED  
NOV - 8 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

St. Martin's Island Preserve, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

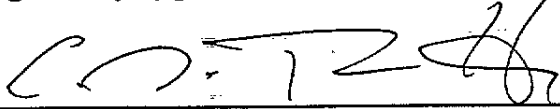
A. Jeffrey Tomassetti, Esq.  
(Name)

406 Ash Street  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Fernandina Beach FL 32034  
City/State/Zip

FILED  
00 NOV -8 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

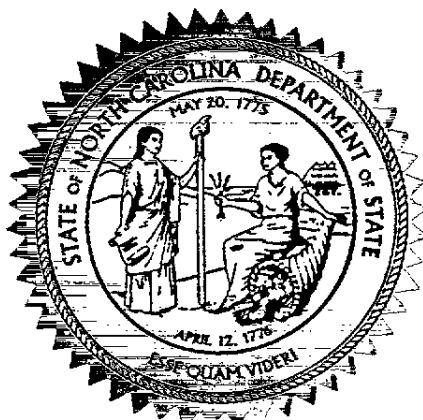
## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

**ST. MARTIN'S ISLAND PRESERVE, L.L.C.**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 26th day of May, 2000, with its period of duration ending 12/31/2050.

I **FURTHER** certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto  
set my hand and affixed my official seal at the  
City of Raleigh, this 4th day of August, 2000.

*Elaine F. Marshall*

FILED  
00 NOV - 8 PM 2:17  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE