# Section Original Character Control of the Control o SUBJECT: Eye Of The Needle, LLC

Dear Sir or Madam:

(Name of corporation - must include suffix)

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:  100004454231
Vickie A. Shaw -U7/09/0101062009
(Name of Person) ****160.00
Registered Corporate Agents, Inc.
(Firm/Company)
612 S. Greenwood Ave.
(Address)
Clearwater, FL 33756 WO(-1599)
Clearwater, FL 33756 WU (/ City/State and Zip code)
(Signification and map obtain)
For further information concerning this matter, please call:    John Maxon
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy  \$100.00 Filing Fee  25.00 Designation Registered Agent  30.00 Certified Copy  5.00 Certificate of Status
\$160.00



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

July 12, 2001

VICKIE A. SHAW REGISTERED CORPORATE AGENTS, INC. 612 S. GREENWOOD AVE. CLEARWATER, FL 33756

SUBJECT: EYE OF THE NEEDLE, LLC

Ref. Number: W01000015993

We have received your document for EYE OF THE NEEDLE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 101A000410983

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

LIMITE	ROFILANCE WITH SECTION GOSJOS, FLORIDA STATUTES, THE FOLLTOWING IS SUBMITTED TO REGISTER A FOREI EDIJABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	<u>G</u> V
1	Eye of the Needle, LLC (Name of foreign limited liability company)	
2.	isdiction under the law of which foreign limited liability  3.   (FEI number, if applicable)	
comi	spany is organized) (PEI number, if applicable)	
4	(Date of Organization)  5. OFRIETOS  (Duration: Year limited liability company will cease to	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
б	Upon Qualification	
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	7
7	1220 N. Market Street, Suite #606	partie. Parties
	Wilmington, DE 19801	11
	(Street address of principal office)	
~	David Rohr, MGR.  The Moorings U.S. Yacht Services	-
<del></del>	2550 S. Bayshore Drive	
	Coconut Grove, Florida 33133	
he juris ranslati	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record soliction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ion of the certificate under oath of the translator must be submitted.)  Interest of business or purposes to be conducted or promoted in Florida:    Soat Chartary	ls in
	Signature of a member or an authorized representative of a member.  (In accordance with section 608,409(3), F.S., the execution of this document constitutes	

#### 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:	
Eye of Le Newle, LLC	
2. The name and the Florida street address of the registered agent and office a	are: Jul 19
Vickie A. Shaw	AL PI
(Name)	FLOR
612 S. Greenwood Ave.	팅레 -
Florida street address (P.O. Box NOT ACCEPTABLE)	· * z
Clearwater FL 33756	
Čity/State/Zip	

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..

\$ 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 Delaware

## Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EYE OF THE NEEDLE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2001.

OI JUL 19 PH 1:21
SECULTIVES SEE FLORIDA



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1177915

DATE: 06-08-01

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