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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of foreign	ı limit	ed liability company)	
Delaware		3	Applied For	
lurisdiction under the law o ompany is organized)	f which foreign limited liability	-	(FEI number, if ap	olicable)
November 28, 2001	<u></u>	5.	Perpetual	211
(Date of Org	inization)	7 -	(Duration: Year limited liability exist or "perpetual")	company will cease to
Upon filing of Application			Co. : 700 501 700 501 and 817	155 55
(Date first t	ansacted business in Florida. (Se	ee sco	ctions 608,501, 608,502, and 817	155, 1.5.)
18167 U.S. Highway 19 N	orth, Suite 499			
Clearwater, Florida 33764		<u>-</u>		
	(Street addres	SS OF	principal office)	
If limited liability con	pany is a manager-manage	:d co	mpany, check here 🗵	-
The usual business ad	iresses of the managing me	embe	ers or managers are as follo	vs:
18167 U.S. Highway 19	North, Suite 499			
20001 0.000				
Clearwater, Florida 3376	<u> </u>			- :
<u> </u>		<del></del>		
	المالات المالات		and debrashers and business	:: An shorten point for the
		11100		
). Attached is an original cert	ficate of existence, no more than:	9002 2001	snot acceptable. If the certificate, s	in a foreign language, a
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# 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 Comp	any is:		
MARIN	EMAX OF SARASOTA, LIC		<u></u>	
2. The name an	d the Florida street address	of the registered age	ent and office are:	-
	C T Corporatio	n System		
		(Name)		
	1200 South Pin			<del></del>
	Florida street addi	ress (P.O. Box <u>NOT</u> AC	CEPTABLE)	·
_	Plantation	FL	33324	<del>angana an</del> ang
	Å V	City/State/Zip		
liability company agent and agree relating to the pr	med as registered agent and to y at the place designated in th to act in this capacity. I furth roper and complete performa y position as registered agent	iis certificate, I hereb her agree to comply v nce of my duties, and	ry accept the appoi with the provisions I I am familiar with	intment as registered of all statutes
CONNIE SPECIAL A	Signature)  BRYAN  SISTANT SECRETARY  \$ 100.00  \$ 25.00  \$ 30.00	Designation of R Certified Copy (	Registered Agent optional)	APPROVES AND FILED FILED FROM 30 PM 4: 03 ECRETARY OF STATE LAHASSEE, FLORIDA

#### State of Delaware

## Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARINEMAX OF SARASOTA, 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 TWENTY-NINTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

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SECRETARY OF STATE
TALL ABASSES FIGURE



Harriet Smith Windson, Secretary of State

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AUTHENTICATION: 1470032

DATE: 11-29-01