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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

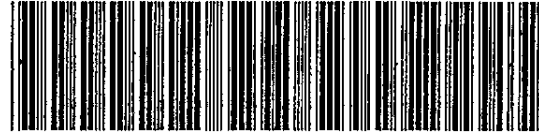
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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03/15/05--01001--005 **72.50

01/05/05--01053--002 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Office Use Only

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE WATER RESTORATIONS LLC
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

CHARLES HOKANSON

(Name of Person)

BLUE WATER RESTORATIONS LLC

(Firm/Company)

1335 MERRYBROOK RD.

(Address)

COLLEGEVILLE, PA 19426

(City/State and Zip code)

For further information concerning this matter, please call:

CHARLES HOKANSON at (610) 715-3263

(Name of Person)

(Area Code & Daytime Telephone Number)

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 13, 2005

CHARLES HOKANSON
BLUE WATER RESTORATION LLC
1335 MERRYBROOK RD
COLLEGEVILLE, PA 19426

SUBJECT: BLUE WATER RESTORATIONS LLC
Ref. Number: W05000002091

We have received your document for BLUE WATER RESTORATIONS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. Please complete the attached form for a limited liability company. Please notice the filing fees are different. Please send in the additional fee that will be due.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 105A00002625

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. BLUE WATER RESTORATIONS LLC
(Name of Foreign Limited Liability Company)

2. DELAWARE 3. 20-0962065
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MARCH 2004 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. JANUARY 30 2005
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1335 MERRYBROOK RD
COLLEGEVILLE, PA 19426
(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: 32132
PETER HOKANSON, 1709 HILL ST. EDGEWATER FL.
CHARLES HOKANSON, 1335 MERRYBROOK RD, COLLEGEVILLE, PA
19426

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.) (PREVIOUSLY SENT + IN YOUR POSSESSION)

11. Nature of business or purposes to be conducted or promoted in Florida: YACHT REPAIR
+ RESTORATION

Charles Hokanson
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.)

CHARLES HOKANSON
Typed or printed name of signee

**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:

BURR WATER RESTORATIONS LLC

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

PETER HOKANSON
(Name)

1709 HILL ST.
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

EDGEWATER FL 32132
City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, Florida Statutes.

Pete Hokanson
(Signature)

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

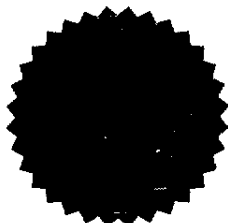
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE WATER RESTORATIONS 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-SECOND DAY OF DECEMBER, A.D. 2004.

FILED
2005 MAR -9 P 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3779054 8300

AUTHENTICATION: 3572773

040932283

DATE: 12-22-04