# M0600000395

(Requestor's Name)
(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Mole-2395

#### **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	ECT: Donate Your Boat, LLC						
	(Name of Lim	nited Liability Company)					
Florid	nclosed "Application by Foreign Limited Lia," Certificate of Existence, and check are sty company to transact business in Florida						
Please	e return all correspondence concerning this n	natter to the following:					
	Kathryn M. Vanden Berk						
	(Na	ame of Person)					
	Law Offices of Kathryn M. Vanc	den Berk, LLC	1-0- E				
	(Fi	rm/Company)					
	203 N. LaSalle Street, Suite						
	(Address)						
	Chicago, IL 60601-1226						
(City/State and Zip Code)							
For fi	orther information concerning this matter, ple	ease call:					
	Scott Manke	at ( 773 ) 580-9478					
	(Name of Person)	(Area Code & Daytime Telephone N	umber)				
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclo	sed is a check for the following amount:  ☐\$125.00 Filing Fee ☐\$130.00 Filing Fee &  Certificate o	□\$155.00 Filing Fee & □\$160.00 Filing I f Status Certified Copy of Stat	Fee, Certificate tus & Certified Copy				

## 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:

Donate Your Boat, LL	(Name of Foreign Limite	d Li	ibility Company)		
Illinois	_	3	20-4579335		
	of which foreign limited liability		( FEI number, if applicable	:)	
March 28, 2006		5.	Perpetual		
(Date of Or	ganization)		(Duration: Year limited liability comparexist or "perpetual")	y will ceas	se to
	Date first transacted business in ee sections 608.501 & 608.502 F	Flor	da, if prior to registration.)		
	ee sections 608.501 & 608.502 F ado Blvd. S. #7	.S. t	o determine penalty flability)		
Cape Coral, F	Fl. 33990-4611				
	(Street Addre	ss o	Principal Office)		
If limited liability con	npany is a manager-manage	ed c	ompany, check here	<u>ਜ</u> ਾ ਹ	
The name and usual b	ousiness addresses of the ma	ınaş	ing members or managers are as fo	llows:	50 50
Member:	Family Empowerment C	ent	ers of Chicago	mcs	
Mailing Address:	P.O. Box 267926 Chica	ago	IL 60626	11012	ءَ <u>۔۔</u> ۔۔۔
Street Address:	1533 West Devon Av	e. C	Chicago, IL 60660	(95	- 65 
e jurisdiction under the law on Instation of the certificate und	f which it is organized. (A photocoler oath of the translator must be su	opy i Ibmi	•	ign languag	e, a
. Nature of business o	r purposes to be conducted	or į	romoted in Florida: Solicitation an	d sale of	
donated boats in fur	therange of charitable mis	sio	n of Member, Family Empowerme	ent Cent	ers o
_	FAAAA				
			orized representative of a member. the execution of this document constitutes		
			that the facts stated herein are true.)		
<u>s</u>	cott Manke				
	Typed or print	ed r	ame 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.

The nan	ne and the Florida street addre	ess of the registered agent and office are	:	
	Scott Manke			
	2323 Del Prado Blv			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Cape Coral	FL 33990-4611		
	City/State/Zip		- 5	
		City/State/Zip  nd to accept service of process for the abo		

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

(Signature)

## 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	of the Limited Liability Com	pany is:		
Wate	er Works Pluming, L.L.C.			
2. The name a	and the Florida street address	s of the registered agent and office a	ıre:	
	Jo	hn R. Pratt		
	_	(Name)		
		39 SE 39th St.		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Cape Coral	FL 33904-5080		
		City/State/Zip		
liability compo agent and agre relating to the	any at the place designated in ee to act in this capacity. I fut proper and gomplete perform	l to accept service of process for the a this certificate, I hereby accept the a rther agree to comply with the provis vance of my duties, and I am familiar mtas provided for in Chapter 608, Fl	ppointment as registerea ions of all statutes with and accept the	
Iohr	(Signature)  R. Pratt-Registered Agent			
JOIN	Agent			

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

#### ·File Number

0181050-2



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DONATE YOUR BOAT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 28, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH

day of

APRIL

A.D.

2006

Desse White

SECRETARY OF STATE