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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	· · · · ·
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: MARCO 15LB40 ACQUITING LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
RICHARD P. LETENDRY (Name of Person)
(Name of Person)
MARCO ISLAND ACONSITTON LLC. (Firm/Company)
(Firm/Company)
2200 = Rou
(Address)
MAUCHESTEN N. H. 03102 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Richard P 1500000 01 (603) 591-9695
RICHARO P. LETEHORE at (603) 591-9695 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
. Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsize \text{\$130.00 Filing Fee & } \Bigsize \text{\$155.00 Filing Fee & } \Bigsize \text{\$160.00 Filing Fee, Certificate } \text{Certificate of Status & Certified Copy} \text{of Status & 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:

1. <u>MA</u>	Reo	ISLAND	ACQUISITY of Foreign Limited L	on LLC			_
		(Name	of Foreign Limited L	iability Company)			
STAT	75- 06	= NIEW	HAMPSHINE 3	20 -	3995955		
	on under the l s organized)	aw of which forei	HPUPSHINE 3 ign limited liability	(FE	I number, if application	able)	_
4. <u>04</u>	(Date of	n 2/ Organizatión)	200 5	(Duration: Year exist or "perpetu	imited liability conal")	npany will cease to)
6	NOT	(Date first trans (See sections 608	BLE sacted business in Flo 3.501 & 608.502 F.S.	rida, if prior to regist to determine penalty	ration.) liability)		_
			O ACQL				_
			(Street Address			03/02 AEG)) P
8. If limited	d liability	company is a m	nanager-managed	company, check l	nere 🔼	AHAS AHAS	10 0 F
9. The nam	ne and usua	al business add	resses of the mana	aging members or	managers are as	s follows:	6 WIIC 21 PH 12:101
			LETENONE				<u> </u>
	940	CAPE	MARCO D	RIVE #50	, 2	RIDA .	<u> </u>
	MARCO	ISLAU	O, FL.	34145			
the jurisdiction translation of	n under the la the certificate	w of which it is org under oath of the t	nce, no more than 90 c ganized. (A photocopy ranslator must be subn o be conducted or	vis not acceptable. If the itted.)	he certificate is in a		
	PERATE	- A-	J47 57	DRALK FI	PEILIFY		
		7	1P	The			
		(In accordance with	member or an authorised in the section 608.408(3), F. der the penalties of perju	S., the execution of this	document constitute		
		RICHAM	Typed or printed	LETENORE,	MEMBER		
			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.

		_	-		
	MARCO	ISLAHO	ACONSITTM	446	
2. The	name and the Flo	orida street addre	ess of the registered ag	ent and office are:	
	Ric	HARO 1	R LETENOR	r .	06 AUG SECKE TALLAP
	9		Address (P.O. Box NOT		21 AASSE
	MARC	O ISLAND	FL City/State/Zip	34145	PH 12: 01 PH 12: 01 E, 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, Florida Statutes.

(Signeture)

1. The name of the Limited Liability Company is:

\$ 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 New Hampshire Bepartment of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MARCO ISLAND ACQUISITION, LLC is a New Hampshire limited liability company formed on DECEMBER 21, 2005. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of August, A.D. 2006

William M. Gardner Secretary of State