# 10700000198

(Requestor's Name)	
(Address)	·
(Address)	
(1001000)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
` ,	•
(Danish Namba)	
(Document Number)	
Certified Copies Certificates of	of Status
Charial Instructions to Filips Office	
Special Instructions to Filing Officer:	
	LS'
	·
,	

Office Use Only



000112285740

11/15/07--01027--019 \*\*130.00

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

(Name of Elimited Elability 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:		
Stanley B. Palmer, Sr. (Name of Person)		
California Offshore Marine, LLC (Firm/Company)		
PO BOX 880		
(Address)		
Belfeir, WA 98528 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Stanley B. Palmer, Sr. at (310) 340-0612- (Name of Person) (Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clother Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{2} \frac{1}{2		

### ÁPPLICATION 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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (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: 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.) 11. Nature of business or purposes to be conducted or promoted in Florida: 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.)

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.

2. The name and the Florida street address of the registered ager	nt and office are:
Aphrodite A. D.	emo
18407 Briags C Florida Street Address (P.D. Box NOT ACC	arcle
Port Charlottefl City/State/Zip	33948

If name unavailable, the alternate name to be used in the state of Florida is:

1. The name of the Limited Liability Company is:

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.

(Signature) //4/07

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



# Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** CALIFORNIA OFFSHORE MARINE LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 12/5/2006.

I FURTHER CERTIFY that as of the date of this certificate, CALIFORNIA OFFSHORE MARINE LLC remains active and has complied with the filing requirements of this office.

Date: November 13, 2007

UBI: 602-674-261

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State