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To:

Division of Corporations

Fax Number

ing Menu

: (850)617-6383

From:

Account Name : CHARLES BACLET AND ASSOCIATES INC

Account Number : 120080000054 Phone : (949)955-9585 Fax Number : (800)562-6504 08 AUG 27 AM 8: 45

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hanlen Yacht Services, LLC

HG 27 PM 4: 05
METARY OF STATE
AMASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Corporate Filing Menu

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G. MCLEOD

AUG 2 8 2008

EXAMINER

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Hanlen Yacht Services, LLC			,
	(Name of	Limited Liability Company)		
Florida," Ce		d Liability Company for Authorization to Transact Businger submitted to register the above referenced foreign limits.		
Please return	all correspondence concerning the	his matter to the following:		
	Nicole Parnell			
		(Name of Person)		
	Charles Baclet and Associates, In	nc		
	(Firm/Company)		_	DN.
	2030 Main Street, Suite 1030		08 AUG 27	SECRE VISION
		(Address)	27	SE SE
	Irvine, CA 92614	·	AH 8:	CORPO CORPO
	(Ci	ty/State and Zip Code)	Ċ	
For further i	nformation concerning this matte	r, please cail:	£5	
Nicoi	le Parnell	at (949) 955-9585		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
	ILING ADDRESS:	STREET ADDRESS:		
	sion of Corporations Box 6327	Division of Corporations Clifton Building		
	ahassee, FL 32314	2661 Executive Conter Circle Tallahassee, FL 32301		
	a check for the following amount 25.00 Filing Fee S130.00 Filing F			у

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. Hanlen Yacht Services, LLC (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 t	
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lie Company," "L.L.C.," "LUC.")	hillty
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	_
4. O8/18/2008 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease oxist or "perpetual")	: O
6. N/A	-0
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	98 AUG 27 AM 8: 45
7. 1005 State Road 84	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ft. Lauderdale, FL 33315 (Street Address of Principal Office)	- -
8. If limited liability company is a manager-managed company, check here	Ö;
9. The name and usual business addresses of the managing members or managers are as follows:	*2 083
J. Gabriel Hanlen	
1005 State Road 84	_
Ft. Lauderdale, FL 33315	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under oath of the translator must be submitted.)	records in a
11. Nature of business or purposes to be conducted or promoted in Florida: Yacht Services	
including (but not limited to) private chef and various maritime practices.	
John Ann	
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.)	
J. Gabriel Hanlen, 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.

	f name unavailable, the alternate name to be used in the state of Florida is:				
2. The name and	the Florida street add	lress of the registered agent and office are:			
ı	NRAI Services, Inc.		_		
_	-	(Name)			
:	2731 Executive Park Dr	rive, Suite 4	_		
-	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	-		
, , _	Weston	FL 33331	_		
_		City/State/Zip			

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.

NRAI Services, Inc.

(Signature)
Gabriel Hughes, Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

9499559590

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HANLEN YACHT SERVICES, 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-SIXTH DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HANLEN YACHT SERVICES, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2008.

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

DATE: 08-26-08

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