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**EXAMINER** 



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#### **COVER LETTER**

Division of Corporations
SUBJECT: TRattodge Marinz, LLC (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:
STEVEN J BRUWN (Name of Person)
TRUTTLedge Marine LIC (Firm/Company)
3518 C7 Avz # 201 (Address) Steven J. Brown
3518 - 6th Ave, Suite 201  Tacoma, WA 98406  (City/State and Zip Cod
For further information concerning this matter, please call:
STEVEN BRUWN at (273) 377-5858  (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:  \$\sum{1}\\$125.00 \text{ Filing Fee}  \text{\$\sum{1}\\$130.00 \text{ Filing Fee & } \text{\$\sum{1}\\$155.00 \text{ Filing Fee & } \text{\$\sum{1}\\$160.00 \text{ Filing Fee, Certificate } \text{Certificate Copy} \text{of Status & Certified Copy}

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Λ	COMPLIANCE	WITH SECTION	608.503,	FLORIDA	STATUTES,	THE	FOLLOWING	IS SUE	<i>MITTED</i>	<i>TO</i>	REGISTER A	<b>FOREIG</b>	Ν
Ll	MITED LIABILITY	YCOMPANYTO T	RANSACI	T BUSINES	S INTHE ST	ATEC	DF FLORIDA:						

. TROUTLUEGE MEGINES IN THE STATE OF FLORIDA:  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	")
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copynsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited impany," "L.L.C.," "LLC.")	
Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)	
(Date of Organization)  5. Per October (Duration: Year limited liability company will ce exist or "perpetual")	ase to
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	DIVISIO SECI
805 46th Place East	
Vero Beach, FL 32963 (Street Address of Principal Office)	OF CLAFE
If limited liability company is a manager-managed company, check here	
The name and usual business addresses of the managing members or managers are as follows:  STEVEN BROWN 3518 6T AUR NO 2011, Taccoma  Jim Parson 3518 6T Aur # 201 Taccoma, was 98406	uA.
Jim Parsons 35,867 Aur # 201, Taccma, wA 984do	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual slation of the certificate under oath of the translator must be submitted.)	=
Nature of business or purposes to be conducted or promoted in Florida:	<del></del>
of mation species	·
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

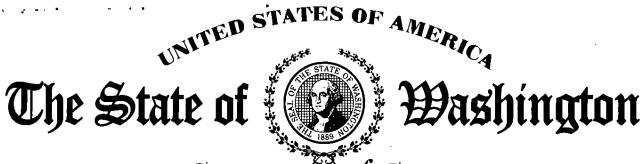
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

(Signature)

2. The name	and the Florida street address of the registered agent and office are:
	ERTC WASNER (Name)
	S05 46T Place Fast Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Vero Beach FL 32963 City/State/Zip

\$ 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 TROUTLODGE 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 3/26/2007.

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

Date: February 17, 2009

UBI: 602-709-979

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

- 11-71-71

Sam Reed, Secretary of State