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PICK-UP WAIT MAIL
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OF VISION OF CORPORATIONS
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#### **COVER LETTER**

TO:

Registration Section

Division	Division of Corporations				
SUBJECT:		wners Liability Tear		_	
	N	ame of Limited Liability Comp	any		
	pplication by Foreign Limited Lia heck are submitted to register the				
Please return all	correspondence concerning this n	natter to the following:			
		Trista DeVries			
		Name of Person		OMAR & M 8: 68	
	Licensing Professionals				
		Firm/Company		O RAPOR	
	PO Box 566				
	Address				
	Lynden, WA 98264  City/State and Zip Code				
	City/State and 2.1p Code				
<u>-</u>	Tdevries@licensingpros.com  E-mail address: (to be used for future annual report notification)				
	E-mail address:	to be used for future annual re	port notification)		
For further inform	mation concerning this matter, ple	ase call:			
	Trista Devries	at ( 888 )	543-5432	2	
	Name of Person	Area Code & Daytime T	elephone Number		
Division	NG ADDRESS: n of Corporations	STREET ADDRESS: Division of Corporations			
Registra P.O. Bo	tion Section	Registration Section Clifton Building			
	ssee, FL 32314	2661 Executive Center Circ	ile		
	·	Tallahassee, FL 32301			
Enclosed is a o	check for the following amount	unt:			
[X]\$125.	.00 Filing Fee \$130.00 Filin Certificate	ng Fee & \$155.00 Filing of Status Certified		ing Fee, Certificate s & Certified Copy	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Business Owners Liability Team 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 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.") Delaware 27-0858517 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 06/25/2009 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 10 Waterside Drive, Suite 202 Farmington, CT 06032 (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: See Attached 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: \_\_To act as an Insurance 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.) Brian J. Lawlor

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.

The name of the Limited Liability Company is:  Business Owners Liability Team LLC					
2. The name and the Florida street address of the registered agent and office are:					
Paracorp Incorporated					
(Name)					
236 East 6th Avenue					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Tallahasse FL 32303					
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.					
(Signature)					

\$ 100.00 Filing Fee for Application

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

\$ 25.00 Designation of Registered Agent

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** February 25, 2010

ENTITY NAME: BUSINESS OWNERS LIBILITY TEAM LLC

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 236 East 6<sup>th</sup> Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary

Paracorp Incorporated

#### List of Officers and Directors for: Business Owners Liability Team LLC FEIN 27-0858517

SeaPass Solutions, Inc. FEIN 52-2235415 100% Owner 90 Park Avenue, Suite 1720 New York, NY 10016

Eric Gewirtzman Manager 235 East 95<sup>th</sup> St. Apt. 24J New York, NY 10125

Brian Lawlor Member 84 Old Drift Way Wilton, CT 06897

Sinai Zilber Member 11 Emek Ayalon St. Kiryat One 55029, Israel

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BUSINESS OWNERS LIABILITY TEAM 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 SECOND DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUSINESS
OWNERS LIABILITY TEAM LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF
JUNE, A.D. 2009.

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

4703032 8300

100101099

You may verify this certificate online at corp.delaware.gov/authver.shtml

DATE: 02-02-10

AUTHENT CATION: 7793891