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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

DEC 1 0 2010

EXAMINER

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CT: Falvey Yacht Insuranc	me of Limited Liability Company		
		oility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florid		
Please	eturn all correspondence concerning this ma	atter to the following:		
	Sheila Springer	Name of Person		
		Idding of Let20ft		
Falvey Cargo Underwriting				
	Firm/Company			
	66 Whitecap Drive			
Address				
	North Kingstown, RI 028	52		
		City/State and Zip Code		
	sspringer@falveycarg	O.COM o be used for future annual report notification)		
	`	•		
For furti	er information concerning this matter, pleas	e call:		
	Sheila Springer	at (401 ) 675-9204		
	Name of Person	Area Code & Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		
	Registration Section	Registration Section		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	ad is a check for the following amounts 125,00 Filing Fee \$130,00 Filing Fee Certificate of State	& \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate		

### 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:

1. Falvey Yacht Insurance, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C," "LLC.")		ı
2. Rhode Island (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	<b>.</b>	
company is organized)		
4. 03/24/2010  (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	-	
6. (DON Fling) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	-	C)
7. 66 Whitecap Drive	<b>5</b>	DIVISION OF CORPORATIONS
North Kingstown, RJ 02852	10 DEC	017
(Street Address of Principal Office)	اها -	
8. If limited liability company is a manager-managed company, check here	EO :01 KM	)RPG
9. The name and usual business addresses of the managing members or managers are as follows:	<u>ත</u>	RAPI
John M. Falvey, Sole Member	- Will -	CHO
66 Whitecap Drive	_	
North Kingstown, RI 02852	_	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rethe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	xords in	
1. Nature of business or purposes to be conducted or promoted in Florida:		
Marine Yacht Insurance		
Skiela Springer  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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)		
Shella Springer		

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 Com	npany is:			
Falvey Yacht Insurance, LLC  If unavailable, the alternate to be used in the state of Florida is:				
InCorp Services, Inc.				
	(Name)			
17888 67th Court No	orth			
Florida Street Ad	idress (P.O. Box NOT ACCEPTABLE)			
Loxahatchee	<sub>PL</sub> 33470			
	City/State/Zip			

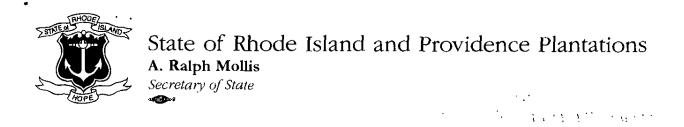
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

#### Falvey Yacht Insurance, LLC

a Rhode Island limited liability company, filed articles of organization in this office on the twenty-fourth day of March, A.D., 2010; and

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED third day of December, A.D. 2010.

Secretary of State

