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SECRETARY OF STATE ALLAHASSEE. FLORID.

J. BRYAN

JAN 24 2011

**EXAMINER** 

#### **COVER LETTER**

	stration Section sion of Corporations
SUBJECT:	CAPSTONE MARINE, LLC
	Name of Limited Liability Company
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of deck 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:
•	Lyon Loomis Name of Person
	Name of Person
	CAPSTONE MARINE, LLC FOR THE TIME TO THE TOTAL TO THE TOTAL THE TIME TO THE TOTAL THE TIME TO THE TIME
	Firm/Company ER
	1149 FAIRWAY BEND CIRCLE TO BE TO THE
	Address Mg 3
	7/49 FAIRWAY BEND CIRCLE STATE  Address  SARASOTA, FL 34243  City/State and Zip Code
	City/State and Zip Code  / yon. /oom/s @ yahoo.com  E-mail address: (to be used for future annual report notification)
	140n. 100mis & yahoo.com
	E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
	Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Divis Regis P.O.	LING ADDRESS: STREET ADDRESS: Division of Corporations Stration Section Box 6327 Clifton Building hassee, FL 32314 C661 Executive Center Circle Tallahassee, FL 32301
Enclosed is \$125	a check for the following amount:  .00 Filing Fee \$\sum_{\text{Certificate}} \sum_{\text{Certified Copy}} \sum_{\text{S155.00 Filing Fee & Certified Copy}} \sum_{\text{S160.00 Filing Fee, Certified Copy}} \sum_{\text{S160.00 Filing Fee}} \text{Results of Status & Certified Copy}

### 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. CAPSTONE MARINE, 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.")
2. STATE OF DELAWARE  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 37-1615759  (FEI number, if applicable)
company is organized)  (FEI number, if applicable)
4. 1/6/2010 5. PERRETUAL (Duration: Year limited liability company will cease to exist or "nernetual")
exist of perpetual y
6. No SALES VET - NEW ComPANY  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 7/49 FAIRWAY BENO CIRCLE  SARASOTA, FL 34243  (Street Address of Principal Office)
SARASOTA, FL 34243
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:
7149 FAIRWAY BEND CIRCLE
7149 FAIRWAY BEND CIRCLE SARASOM, FL 34243
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: MORK,
REPAIR, REHAB, CHARTERS /
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.)
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:
CAPSTONE M	ARINE, LLC
If unavailable, the alternate to be use	d in the state of Florida is:
	ddress of the registered agent and office are:
Lyon	
	(Name)
7149 A	FAIRWAY BEND CIRCLE SEE
	reet Address (P.O. Box NOT ACCEPTABLE)
SARASOTA	FL 31/2 4/3 City/State/Zip
	City/State/Zip
liability company at the place designal agent and agree to act in this capacity relating to the proper and complete pe	nt and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as registered. I further agree to comply with the provisions of all statutes erformance of my duties, and I am familiar with and accept the d agent as provided for in Chapter 608, Florida Statutes.  (Signature)

Filing Fee for Application
Designation of Registered Agent

**Certified Copy (optional)** 

Certificate of Status (optional)

\$ 100.00

\$ 25.00

30.00

5.00

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "CAPSTONE MARINE, 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 THIRTEENTH DAY OF JANUARY, A.D. 2011.

FILED

11 JAN 21 PM 1: 21

SECRETARY OF STATE
SECRETARY OF STATE

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8494510

DATE: 01-13-11

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