# 11110000000663

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
FEB <b>10</b> 2010

Office Use Only

**EXAMINER** 



900193333369

02/07/11--01014--016 \*\*130.00



February 3, 2011

To: Registration Services, Division of Corporations

RE: Foreign LLC application

Enclosed is the completed application including the cover letter, application, original certificate of LLC good standing (MI), designation of registered agent, and a check for \$130.

Please note to send the follow up receipt and certificate of status to our physical address in Florida.

Robert Kruk 230 Banyan Lane Tavernier, Florida 33070

If you have any questions or concerns, please call me at 313-802-9935. Thank you.

Sincerely,

Robert Kruk

### **COVER LETTER**

10:	Division of Corporations		
SUBJE	ECT: ABK ADVENTURES LLC  Name of Limited Liability Company		
	Name of Limited Liability Company		
The enc Existent	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business ace, and check are submitted to register the above referenced foreign limited liability company to t	s in Florida," Ce ransact business	rtificate of in Florida
Please r	return all correspondence concerning this matter to the following:		
	ROBERT KRUK Name of Person		
	Name of Person	-	
	ARK ADVENTURES LLC	2011 FEB -7   SECHETARY I	TILED
	ABK ADVENTURES LLC Firm/Company	HA.	ر برسیس مسیسی
	1292 PENNIMAN AVE Address	SSEE P	m
	Address	PN 12: 59	O
	PLY MOUTH, MI City/State and Zip Code	25 <b>5 5 5 5 6 7 1 1 1 1 1 1 1 1 1 1</b>	
	City/State and Zip Code		
	BOB & BOB KRUK, COM  E-mail address: (to be used for future annual report notification)		
	E-mail address: (to be used for future annual report notification)		
For furt	ther information concerning this matter, please call:		
	ROBERT KRUK at (3/3) BO2-993.  Name of Person Area Code & Daytime Telephone Number	5-/-	
	Name of Person Area Code & Daytime Telephone Number	-	
*	MAILING ADDRESS: STREET ADDRESS:		
^	Division of Corporations  Registration Section  Division of Corporations  Registration Section		
	P.O. Box 6327 Clifton Building		
	Tallahassee, FL 32314 2661 Executive Center Circle		
	Tallahassee, FL 32301		
	sed is a check for the following amount: # 1022 \$ 1,30.00		
	\$125.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy of Status & Certified Copy		

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

N COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
f 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.")
MICHIGAN, DEPT. OF ENERGY LABOR, \$ 3
MICHIGAN DEPT. OF ENERGY LABOR \$ 3.  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI mumber, if applicable) (aloue 55 #)
(Date of Organization)  5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")  /26/2011  Charter
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
. 1292 PENNIMAN AVE. FOR E
PLY MOUTH MI 48170 (Street Address of Principal Office)
. If limited liability company is a manager-managed company, check here
1292 PENNIMAN AVE
PLY MOUTH, MI 48170
<ol> <li>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 tanslation of the certificate under oath of the translator must be submitted.)</li> </ol>
Nature of business or purposes to be conducted or promoted in Florida:
RECREATIONAL SAILING CHARTERS, 6 OR LESS CUSTOMER
Signature of a mambar are an authorized representative of a mambar
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.)
Robert Kruk  Typed or printed name of signee
Typed of 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:
ABK ADVENTURES, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
ROBERT KRUK (Name)
(Name)
230 BANYAN LANE Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
TAVERNIER FL 33070  City/State/Zip
Chty/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

\$ 25.00

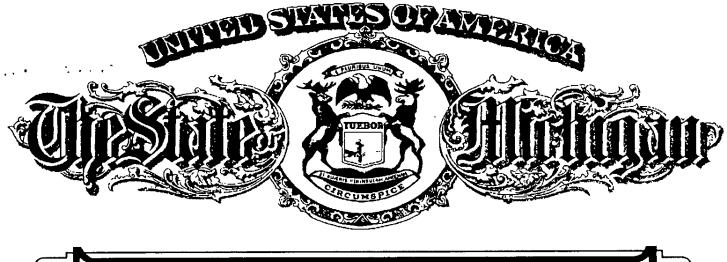
\$ 30.00

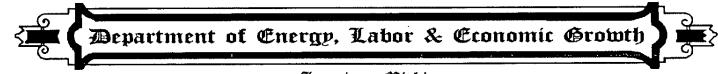
\$ 5.00

**Designation of Registered Agent** 

**Certificate of Status (optional)** 

**Certified Copy (optional)** 





Lansing, Michigan

This is to Certify That

#### ABK ADVENTURES, LLC

was validly organized on November 9, 2010 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of January, 2011

Director

Bureau of Commercial Services