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SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: /SLAND CRUISES  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:
CARLTON LEONARD  Name of Person
15LAND CRUISES Firm/Company
14960 COLLIER BLUD, LOT 2121 Address
NAPLES, FL 34/19 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARLTON LEONARD at (757) 9901872  Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\int_{\$125.00}\$ \text{Filing Fee} \text{\text{\$\subset}} \text{\$\subset} \text



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 JAN 31 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 23, 2012

CARLTON LEONARD 14960 COLLIER BLVD LOT 2121 NAPLES, FL 34119

SUBJECT: ISLAND CRUISES LLC Ref. Number: W12000004088

We have received your document for ISLAND CRUISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00001556

## 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. /S/AUD CRUISES 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. ACCG MAC COUNTY VA  (Jurisdiction under the law of which foreign limited liability company is organized)  2010  (FEI number, if applicable)
4. 11-1-2000 (Date of Organization)  5. WHEN T END T Per Petro (Duration: Year limited liability company will cease to exist or "perpetual")
6. NOT DO SO VET  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2121 CYRSTAL LAKE DR SER STALL LAKE DR SER SER SER SER SER SER SER SER SER SE
NAPLES, FL 34/19  (Street Address of Principal Office)  2 PRINCIPAL STREET OF THE STRE
(Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here   2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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:
CARLTON LEONARD
CARLION ZEWARD
•
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: <u>CHARTER BOA</u> T
SHELLING & DOLPHIN TOURS
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.)
CARLTON LEONARD
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:
ISLAND CRUISES
If unavailable, the alternate to be used in the state of Florida is:
2121 CYRSTAL LAKE DA, CARLTON LEONARD
2. The name and the Florida street address of the registered agent and office are:
CARLTON LEONARD
14960 COLLTER BLVD  2/21 CRYSTAL LAKE OR NOT ACCEPTABLE)  Florida Street Address (P.O. Box NOT ACCEPTABLE)
NAPLES FL 34119 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.

(auto Clonard (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Common brealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That ISLAND CRUISES, L.L.C. is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 29, 2010; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: January 17, 2012

Joel H. Peck, Clerk of the Commission

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