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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ICAT Resources, I	LLC	
	Name of Limited Liability Company	
Existence, and check are submitted to register to	Liability Company for Authorization to Transact Business in the above referenced foreign limited liability company to tran	n Florida," Certificate of usact business in Florida
Please return all correspondence concerning this	s matter to the following:	
Todd A. Gravois		
	Name of Person	
ICAT Resources, LL	С	,
	Firm/Company	
450 S. Gulfview Blv	vd. #703	- ASS - SE
	Address	A CONTRACTOR
Clearwater Beach, I		HASSEE, FL
	City/State and Zip Code	E P
todd@icatresourc	ces.com	
E-mail addre	ss: (to be used for future annual report notification)	
For further information concerning this matter,	please call:	
Todd A. Gravois	at (410) 908-9369	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following an \$125.00 Filing Fee \$130.00 Filing Certificate of	ng Fee & \$155.00 Filing Fee & \$160.00 Filing Fee	

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 BY ISINESS IN THE STATE OF ELORIDA:

1. ICAT Resources, 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 wriconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. Maryland 3. 26-0749301	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 08-20-2007 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. <u>450 S. Gulfview Blvd. #703</u>	7
Clearwater Beach, FL 33767	
Todd A. Gravois	
450 S. Gulfview Blvd. #703	
Clearwater Beach, FL 33767	
10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of record 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.)	i s in
11. Nature of business or purposes to be conducted or promoted in Florida: Educational Consultation/	
Training	
Ford Dave	
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	

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.)

Todd A. Gravois

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:		
ICAT Resources, 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:		
Todd A. Gravois	_ ==	
(Name)	i i i i i i i i i i i i i i i i i i i	
450 S. Gulfview Blvd. #703 Florida Street Address (P.O. Box NOT ACCEPTABLE)	JUL -6	FIL
Clearwater Beach, FL 33767	OF STATE	E
City/State/Zip	ALL STATES	

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

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ICAT RESOURCES, LLC, REGISTERED AUGUST 20, 2007, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 25, 2012.

Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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