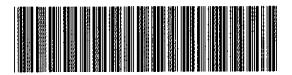


(Re	equestor's Name)					
(Ad	ldress)					
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PICK-UP	WAIT	MAIL				
(Bu	usiness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Marina Pointe, LLC

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:

Sandra Rawls					
Name of Person					
Giarmarco, Mullins & Horton, P.C.					
Firm/Company					
101 W. Big Beaver, Suite 1000					
Address					
Troy, MI 48084					
City/State and Zip Code					
sandra@disinherit-irs.com					
E-mail address: (to be used for future annual report notification)					

For further information concerning this matter, please call:

Sa	nd	ra	Ra	w	S
Oa	HU		1 70	VVI	

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457-7215

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	ic a	check	for 1	he	follo	owing	amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
Marina Pointe, 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	
consent of the managers or managing members adopting the alternation company," "L.L.C," "LLC.")	ate name. The atternate name must include "Limited Liability
Michigan	
Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)
company is organized)	
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{5.} May 6, 2013	
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. ta	da, if prior to registration.)
7 1965 Barrett	ಪ್ರ ಪ
7. 1905 Barrett	<u>[,]</u>
Troy, MI 48084	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here
The name and usual business addresses of the manage	ging members or managers are as follows: 🔀
Christopher Shea Sr.	
P.K. Contracting, Inc.	
1965 Barrett, Troy, MI 48084	
10. Attached is an original certificate of existence no more than 90 d	ays old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy	
translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or p	promoted in Florida: Real estate
	Ω
	/ ·
TOW	
G	norized representative of a member.
(In accordance with section 608 408(3), F.S., the execut	ion of this document constitutes an affirmation under the

Christopher Shea Sr., Manager/Member

Typed or printed name of signee

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.)

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:				
Marina Pointe, LLC				
If unavailable, the alternate to be used in the state of Florida is:				•
	EX.	ᇔ		
2. The name and the Florida street address of the registered agent and office are:	LAHAS	JUN 21	Marines 	~
Christopher Shea Sr.		-	ria Fia	
(Name)		Ę.		
508 Owen Ave. North		25		
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Lehigh Acres _{FL} 33971				
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.

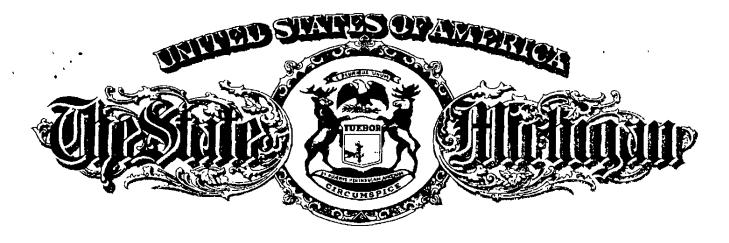
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MARINA POINTE, LLC

was validly organized on May 6, 2013 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 10th day of May, 2013

Bureau of Commercial Services