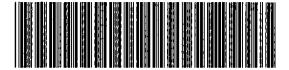


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B. BOSTICK

FEB 2 5 2014

**EXAMINER** 

#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

#### Pronav Offshore Services 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 matt	ter to the following:		
Oliver Huttner			
	Name of Person		
Management Ta	x Consulting,	Inc.	
<del></del>	Firm/Company		
4430 Orchid Blv	d Ste 202		
	Address		
Cape Coral, FL	33904		
	City/State and Zip Code		
mtc.florida@gma	ail.com		
E-mail address: (	to be used for future annual repo	ort notification)	
For further information concerning this matter, please	e call:		
Oliver Huttner	at (239	645-4208	ا (۱۰۰۰) <u>د د د د د د د د د د د د د د د د د د د </u>
Name of Contact 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 Circl Tallahassee, FL 32301	le	3 8

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &

□ \$155.00 Filing Fee & Certificate of Status 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pronav Offshore Services LLC (Name of Foreign Limited Liability Company:	must include "Limited Liabil	ity Company," "L.L.C	.," or "LLC.")	
f name unavailable, enter alternate name adopted for the puriability Company," "L.L.C," or "LLC.")	rpose of transacting business	in Florida. The alterna	ite name must include	"Limited
Delaware	<sub>3.</sub> 27-253	1948		
(Jurisdiction under the law of which foreign limited liabilit company is organized)		(FEI number, if ap	plicable)	
05/01/2014				
(Date first transacted by (See sections 605.0904 &	usiness in Florida, if prior to 605,0905, F.S. to determine	registration.) penalty liability)	171, F-2	
5355 Majestic Court			manush manush manush manush	e .
Cape Coral, FL 33904			1.3	e ,
(Stree	et Address of Principal Office	e)	, , , , , , , , , , , , , , , , , , ,	1:
5355 Majestic Court		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· • :
Cape Coral, FL 33904			) (, ) ) (, )	
	(Mailing Address)			···
. The name, title or capacity and address of	the person(s) who has	/have authority to	o manage is/are:	
Dirk Weihmann - MGRM, 5355	Maiestic Cou	t. Cape Co	ral. FL 3390	04
	····	· · · · · ·		
Eric W. Linsner - MGRM, 20 A	spen Street, F	lorai Park,	NY 11001	
Attached is an original certificate of existen aving custody of records in the jurisdiction up				
ceptable. If the certificate is in a foreign lang				
ust be submitted)	`\\			
	1//			
	ure of an authorized p			
accordance with section 605.0203, F.S., the execution of this doc aware that any false information submitted in a document to the l				

Dirk Weihmann

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Com Offshore Service	• •	
If unavailable,	the alternate to be used in t	he state of Florida is:	
2. The name a		s of the registered agent and office at	re:
		(Name)	
	4430 Orchid B	lvd Ste 202	
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
	Cape Coral	FL 33904	
		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 605, 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)

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "PRONAV OFFSHORE SERVICES 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 EIGHTEENTH DAY OF FEBRUARY, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRONAV

OFFSHORE SERVICES LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D.

2010.

4820123 8300

140190467

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1140906

DATE: 02-18-14

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