M14000004237

(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:
opeolal madadions to 1 ming officer.

Office Use Only



000260094070

05/13/14--01029--001 **160.00



J. Streets JUN 1 7 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2014

TYLER ROSS 31 GARRETT ST WARRENTON, VA 20186

SUBJECT: MAIDEN VOYAGE, LLC Ref. Number: W14000032884

We have received your document for MAIDEN VOYAGE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00011333

CR2E027 (9/10)

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: MAIDEN VOYAGE, 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:						
TYLER ROSS, TRUSTEE Name of Person						
MAIDEN VOYACE						
Firm/Company						
31 GARTIETT ST						
WARRENTON VA ZOIGLO City/State and Zip Code						
TYLENIAMES 12065@6 MAIL. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
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 amount: \$\Begin{array}\$ \preceq						

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:

/irginia urisdiction under the law of which foreign limited liability ompany is organized) // March 14, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 31 Garrett Street, Warrenton, VA 20186	•	st include	"Limited
(FEI number, Incompany is organized) March 14, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	f applicable)		
(FEI number, Incompany is organized) March 14, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	f applicable)	·	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
31 Garrett Street Warrenton VA 20186			
or Janou Judou, Harronton, VA 20100			
(Street Address of Principal Office)			
31 Garrett Street, Warrenton, VA 20186			
(Mailing Address)	, , -,		
The name, title or capacity and address of the person(s) who has/have authority	y to managé	is/are:	
ler Ross, Trustee 31 Garrett Street, Warrenton, VA	20186	- 10	, _
		- Ul	
	· ·		
	,42	in the second se	
	2	ا نیا	
Attached is an original certificate of existence, no more than 90 days old, duly a ing custody of records in the jurisdiction under the law of which it is organized eptable. If the certificate is in a foreign language, a translation of the certificate at be submitted) Signature of an authorized person exordance with section 605.0203, F.S., the execution of this focument constitutes an affirmation under the penalties of the certificate at the section 605.0203, F.S., the execution of this focument constitutes an affirmation under the penalties of the certificate at the section 605.0203, F.S., the execution of this focument constitutes an affirmation under the penalties of the certificate at the section 605.0203, F.S., the execution of this focument constitutes an affirmation under the penalties of the certificate at the section 605.0203, F.S., the execution of this focument constitutes an affirmation under the penalties of the certificate at the section 605.0203, F.S., the execution of this focument constitutes an affirmation under the penalties of the certificate at the section 605.0203, F.S., the execution of this focument constitutes an affirmation under the penalties of the certificate at the section for the certificate at th	. (A photocounder oath	opy is 1 of the t	not translato
ware that any false information submitted in a document to the Department of State constitutes a third degree felony a			

Typed or printed name of signee

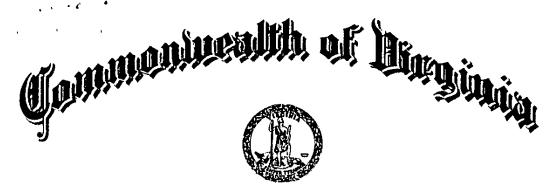
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

1. The name o	of the Limited Liability (Company is:	
MA	TIDEN VOYAT	6E,LLC	
If unavailable,	the alternate to be used	in the state of Florida is:	
2. The name a	and the Florida street add	dress of the registered agent and office are	»:
	Last Key Re	ealty, Inc.	
		(Name)	
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Key West	FL 33040	
		. City/State/Zip	
liability compo registered age statutes relativ	any at the place designate ant and agree to act in th ag to the proper and con	nt and to accept service of process for the a ted in this certificate, I hereby accept the ap is capacity. I further agree to comply with applete performance of my duties, and I am p as registered agent as provided for in Chap (Signature)	bove stated limited oppointment as the provisions of all familiar with and
	\$ 1	100.00 Filing Fee for Application	

\$ 25.00 Designation of Registered Agent

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



STATE CORPORATION COMMISSION

Richmond, March 13, 2014

This is to certify that the certificate of organization of

MAIDEN VOYAGE, LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: March 13, 2014



State Corporation Commission Attest:

SoelH. Rech Clerk of the Commission