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July 22, 2014

CHRIS RILEY 13201 NORTH RIDGE CIRCLE LEANDER, TX 78641

SUBJECT: FLAGSHIP TOWING LLC

Ref. Number: W14000044820

We have received your document for FLAGSHIP TOWING 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 914A00015670

#### COVER LETTER

TO: Registration Section  Division of Corporations
Division of Corporations
SUBJECT: Flagship Towing 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:
Chris Riley & Bill Riley Name of Person(5)
Flagship Towing Finn Company
13201 North Ridge Circle Address
City State and Zip Code
Flagship towing mouls com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Riley. at (512 ) 299-24-24- Name of Contact 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:  \$\Begin{array}{c} \Begin{array}{c} \S125.00 \text{ Filing Fee} \\ \Certificate \text{ of Status} \end{array} \Begin{array}{c} \Begin{array}{c} \S155.00 \text{ Filing Fee} \& \Begin{array}{c} \Begin{array}{c} \S160.00 \text{ Filing Fee}. \Certificate \\ \Certificate \text{ Opy} \end{array} \]  Certificate \text{ of Status & Certified Copy}  of Sta

## 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:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida.	. The alternate name must include "Limited
Liability Company." "L.lC." or "LLC.")	
2. Texas 3. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI n	umber, if applicable)
4. O3/17/2014  (Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lial	n.) bility)
5. 139 Channel Dr.	
Naples , FL 34108 (Street Address of Principal Office)	
6. 13201 North Ridge Crl	
Leander, TX 7864-1 (Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have au	ithority to manage is/are:
7. The name, title or capacity and address of the person(s) who has/have au	
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have au  Bill Riley; Naples Operation manager	
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have au  Bill Riley, Naples Operation manager  Chris Riley, Owner	
(Mailing Address)	duly authenticated by the official anized. (A photocopy is not

## 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 of the Limited Liability Company is:	
Flagship Towing 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:	
Bill Riley (Name)	_
189 Channel Dr Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Napres F1 34108 ML City/State/Zip	_
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the postatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter 6.	ntment as provisions of all liar with and
Statutes.  Bill (Signature)	14 JUL 28
S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent S 30.00 Certified Copy (optional) S 5.00 Certificate of Status (optional)	100 P

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

### Office of the Secretary of State

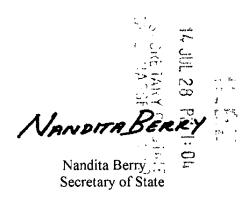
#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Flagship Towing L.L.C. (file number 801563739), a Domestic Limited Liability Company (LLC), was filed in this office on March 08, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 24, 2014.





Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 555174290002