MBCOOX	209048
(Requestor's Name) (Address) (Address)	900279022969
(City/State/Zip/Phone #)	11/12/1501003016 **125.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED DEPARTMENT OF STATE 15 NOV 12 AM 11: 50 NOT INTENDED SUFFICIENCY OF FILING
Office Use Only	FILED 15 NOV 12 PH 1: 20 SECHEDARY OF STATE MULAHASSEP PROPADA

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CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
MAIDEN VOYAGER, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: BA	UCC 1 or 3 File
11/12/15	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

IN COMPLIANCE WITH F.S. §605.0902 THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

- 1. MAIDEN VOYAGER, LLC, a Virginia limited liability company
- 2. COMMONWEALTH OF VIRGINIA 3. FEIN: 47-4359045
- 4. Company has not transacted business in the State of Florida.
- 5. Principal office is located at 163 N. View Circle, Warrenton, VA 20186
- 6. Mailing address is 163 N. View Circle, Warrenton, VA 20186
- 7. Florida Registered agent for company is:

Steven W. Moore, Esquire 8240 118th Avenue North, Suite 300 Largo, Florida 33773

Registered Agent's acceptance:

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.



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- 8. The name, title or capacity and address of the person who has the authority t o manage is: Stacie Shifflet, manager, 163 N. View Circle, Warrenton, VA 20186.
- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized.

IN WITNESS WHEREOF, I have signed this Application as an authorized representative of

the members and managers of Maiden Voyager, LLC. and acknowledged them to be my act this ______ day of November, 2015.

Steven W. Moore

This document is executed in accordance with F.S. §605.0203(1)(b). 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 F.S. §817.155.

Steven W. Moore

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State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Maiden Voyager, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 24, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 9, 2015

Joel H. Peck, Clerk of the Commission