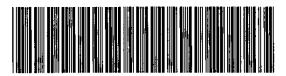
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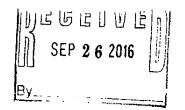
### CQVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	EXECUTIVE YAC	HTS, LLC									
SOBJECT.	Name of Limited Liability Company										
		eign Limited Liability Com d to register the above refer									
Please return	all correspondence	concerning this matter to the	following:								
	ANGELIQUE	RICHARDSON									
		N	ame of Person			•					
	EXECUTIVE	YACHTS, LLC									
	<del>- ,</del>	F	irm/Company		, , , , , , , , , , , , , , , , , , , ,	•					
	122 WEST PIN	IE STREET									
	Name of Person  EXECUTIVE YACHTS, LLC  Firm/Company  122 WEST PINE STREET  Address  PONCHATOULA, LA 70454  City/State and Zip Code  accountspayable@janikingger.com  E-mail address: (to be used for future annual report notification)  rther information concerning this matter, please call:										
	PONCHATOU	LA, LA 70454									
		City/S	tate and Zip Code			•					
	accountspayable(	@janikingger.com									
		E-mail address: (to be use	d for future annual	report not	ification)	•					
For further in	nformation concernin	g this matter, please call:									
AN	GELIQUE RICHAR	DSON	985 at (	370-77	00 EXT139						
	Name o	f Contact Person	Area Code	Day	time Telephone Number						
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	TADDRESS: on Corporations ion Section uilding cutive Center Circle see, FL 32301						
	check for the follow 125.00 Filing Fee	ing amount:  \$\square \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co						





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2016

ANGELIQUE RICHARDSON 122 WEST PINE STREET PONCHATOULA, LA 70454

SUBJECT: EXECUTIVE YACHTS, LLC

Ref. Number: W16000064908

We have received your document for EXECUTIVE YACHTS, LLC and with check(s) totaling \$125.00. 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 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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 416A00020172

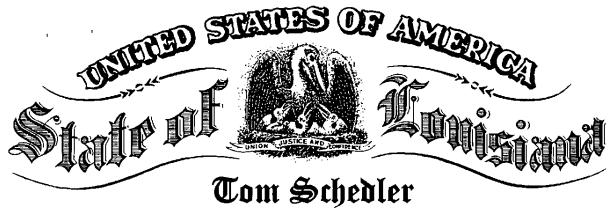
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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 al	Itemate name adopted for the purpos	e of tra	nsacting busines	ss in Florida. T	he alternate name	must inclu	ide "Lir	– nited
Liability Company," "L.L.C," LOUISIANA	or "LLC.")		47-2010603					
(Jurisdiction under the law	of which foreign limited liability	3.		(FÉI numb	er, if applicable)	<del></del>		_
company is organized)	T/OCT 2016							
BEGINNING IN SEPT		ess in F	orida, if prior to	registration.)				
122 WEST PINE STR	(Date first transacted busing (See sections 605,0904 & 605 EET	.0905,	F.S. to determin	e penalty liabi	lity)			
PONCHATOULA, LA						<del></del> 1 _		
<del></del>	(Street Address of	Princip	al Office)				5	
5. 122 WEST PINE STRE	EET 						9	
PONCHATOULA, LA	70454					37 E	_	11
	(Mailing	Addres	5)			(2)	7	[
. Name and street addres	ss of Florida registered agent: (P	.O. Bo	x <u>NOT</u> accept	able)			AH IO:	Ö
Name:	CT Corporation	Sy	skm	_		981	0: 29	
Office Address:	1200 S. Pine I:	باحدك	Road	<del></del>		) in	9	
	Plantal	NOn		_ , Florida	33324			
Registered agent's accep	(City)				(Zip code)			
lesignated in this applicate ocomplywith the provision occept the obligations of the obligations of the occept the name, title or capa	egistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  Danny Verdecthias  Assistant Secretary acity and address of the person(s), 122 WEST PINE STREET, PO	proper	as registered at and complete .  ent's signature) as/have author	gent and agi	ree to act in this ce of my duties, a	capacity.	I furt	her ag
	NER, 122 WEST PINE STREET							
			<del></del>					
ANGELIQUE RICHARD	SON, CFO, 82 WELDON CIRC	LE, P	ONCHATOUI	LA, LA 7045	4			
						ustody of r		

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ANGELIQUE RICHARDSON



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

#### **EXECUTIVE YACHTS, LLC**

A limited liability company domiciled in PONCHATOULA, LOUISIANA,

Filed charter and qualified to do business in this State on October 06, 2014,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

7 AM 10: 29

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 1, 2016

.

Secretary of State

Web 41660991K



Certificate ID: 10744078#L7Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov