

MI7000002013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

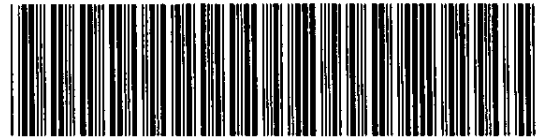
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2980 W7-11037

Office Use Only



000295531380

02/22/17--01022--009 \*\*130.00

17 FEB 22 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 09 2017

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2017

PATRICIA R HARRIS  
ALLIED CAPITAL AND DEVELOPMENT OF SOUTH  
115 FRONT STREET STE 300  
JUPITER, FL 33477

SUBJECT: FLORIDA SPORT FISHING SEMINAR SERIES, LLC  
Ref. Number: W17000016037

We have received your document for FLORIDA SPORT FISHING SEMINAR SERIES, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 617A00003561

17 FEB 22 PM 3:36

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR -7 AM 10:54

TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Sport Fishing Seminar Series, 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:

Patricia R. Harris

\_\_\_\_\_  
Name of Person

Allied Capital and Development of South Florida, LLC

\_\_\_\_\_  
Firm/Company

115 Front Street, Suite 300

\_\_\_\_\_  
Address

Jupiter, FL 33477

\_\_\_\_\_  
City/State and Zip Code

pat@acdofsouthflorida.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pat Harris

561  
at ( )

983-4465

\_\_\_\_\_  
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 Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

17 FEB 22 PM 3:36  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

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:

1. Florida Sport Fishing Seminar Series, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 81-5363108  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June, 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 115 Front Street, Suite 300  
Jupiter, Florida 33477  
(Street Address of Principal Office)

6. 115 Front Street, Suite 300  
Jupiter, Florida 33477  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Donald M. Allison, Esquire  
Office Address: 33 Southeast Fifth Street, Suite 100  
Boca Raton, Florida 33432  
(City) (Zip code)

Registered agent's acceptance:

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 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.

(Registered agent's Signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Anthony J. Mastroianni, MGR

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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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.

Anthony J. Mastroianni

Typed or printed name of signee

7 FEB 22 PM 3:36  
STATE OF FLORIDA  
DEPARTMENT OF STATE

# Delaware

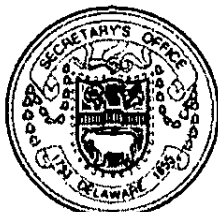
The First State

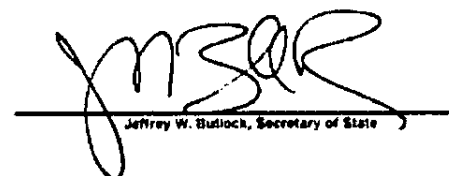
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FLORIDA SPORT FISHING SEMINAR SERIES,  
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 FOURTEENTH DAY OF FEBRUARY, A.D. 2017.

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

17 FEB 22 PM 3:36  
DELAWARE  
FALLAPASS  
SECRETARY OF STATE



  
Jeffrey W. Bullock, Secretary of State

6311750 8300

SR# 20170884517

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202038658

Date: 02-14-17