

Document Number Only

m97000000268

Requestor's Name

Address

City

State

Zip

Phone

CORPORATION(S) NAME

97 MAY 14 PM 1:36

Stirling Casino Lines, LLC

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input checked="" type="checkbox"/> Limited Liability Company | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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() After 4:30

Pick Up

Name	
Avallablilty	
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Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

5. At 5:21

MAV

C. TAX _____
FILING 250.00
R. AGENT FEE 33.00
C. COPY _____
TOTAL 283.00
N. BANK _____
BALANCE DUE _____
REFUND _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 7, 1997

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: STERLING CASINO LINES, LLC
Ref. Number: W97000010551

97 MAY 14 PM 1:36
DIVISION OF CORPORATIONS
SECRETARY OF STATE

We have received your document for STERLING CASINO LINES, LLC and check(s) totaling \$285.00. However, your check(s) and document are being returned for the following:

We are required to obtain a CERTIFICATE OF EXISTENCE from Delaware. This is a 1-page certificate that states that the company is filed in Delaware and hasn't been dissolved as of the date of the certificate.

Unfortunately, we cannot accept a CERTIFIED COPY of the company's CERTIFICATE OF FORMATION.,

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 (904) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 397A00024241

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF
FLORIDA:

1. STERLING CASINO LINES LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3438538
(FEL number, if applicable)
4. April 3, 1997
(Date of Organization)
5. 2047
(Duration: Year limited liability company will cease to exist or "perpetual")
6. May 1, 1997
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 180 Jettie Drive
Cape Canaveral, FL 32920
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>SEXTANT STERLING</u>	<u>MGRM</u>		
<u>630 Fifth Ave, Ste 3240</u>			
<u>New York, NY 10111</u>			
<u>Anthony J. Cox Jr.</u>	<u>MGR</u>		
<u>(as for Sextant)</u>			
<u>Charles J. Murphy</u>	<u>MGR</u>		
<u>(as for Sextant)</u>			
<u>John Breich</u>	<u>MGR</u>		
<u>(as for Sterling)</u>			
<u>Michael Aquilina</u>	<u>MGR</u>		
<u>(as for Sterling)</u>			

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97 MAY 14 PM 1:36

Apr-29-97 14:35
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STERLING CRUISE LINE
FISCAL OFFICE

... 407 851 2080

P. 04

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of STERLING
CASINO LINES, LLC deposes and says:

SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 14 PM 1:36

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 0
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0
This total includes amounts from 2 and 3 above.
- 5) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,000,000.

Charles Murphy

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Filing Fee: \$250.00 for Application and Affidavit

Apr-29-97 14:36
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STERLING CRUISE LINE
FISCAL OFFICE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

STERLING CASINO LINES, LLC

2. The name and address of the registered agent and office is:

CT Corporation System
(Name)

1200 South Pine Island Road
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Plantation, FL 33324
(City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Connie Bryan
(Signature)
Connie Bryan, Special Asst. Sec.

May 7, 1997
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

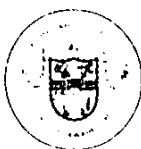
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SECRETARY OF STATE
MAY 14 PM 1:36

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STERLING CASINO LINES, 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 FIFTEENTH DAY OF MAY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
DIVISION OF
MAY 14 PM 1:36



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION

DATE

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