

	Requestor's Name)				
· (Address)	·			
. ((Address)				
(City/State/Zip/Phone #)				
, PICK-UP	☐ WAIT	MAIL			
• (Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions to Filing Officer:					

G. MCLETTO POLICY OF THE JUN 25 2010 EXAMINER



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10 JUN 24 PM 3:38
SECRETARY OF STATE
ALASASE FLORING

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AROWRA INVESTMENTS LIMITE (Name of Alice	ED en Business Organization)		
Dear Sir or Madam:			
The enclosed Designation of Registered Agent and are submitted for filing.	d Registered Office for Alien Business Organization and fee(s		
Please return all correspondence concerning this m	natter to the following:		
Heather Perry			
(Name of Person)			
Moraitis, Cofar, Karney & Moraitis			
(Firm/Company)			
915 Middle River Drive, Suite 506 (Address)			
Fort Lauderdale, FL 33304			
(City/State and Zip Code)	•		
For further information concerning this matter, ple	ease call:		
Heather Perry at (_954	563-4163		
	a Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
✓\$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy		

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. AROWRA INVESTME	NTS LIMITED (Name of alien busi	ness organizatio	on)		
2. British Virgin Island	•	-	98-0665203		
	nder which entity is organized)	. 3	(FEI Number, if applicab	ıle)	
(blace of country as	inder which energy is organized)		(i zii i tambui, ii appiiaab	.0,	
4. 16001 Collins Avenu	e, Unit 2404, Sunny Isles Beach,				
	(Principal off	ice address)		₩	
5. Name and Florida Stro	eet address of registered agent.			CCRE ECRE	T
	George R. Moraitis, Esquire			\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-1 -0/649/%
	915 Middle River Drive, Suite 5	06		F PH	
				F 4:	F
•	Fort Lauderdale, FL 33304			2 · · · · · · · · · · · · · · · · · · ·	APPRINT A
6. The street address of the are identical.	-(zistered agent	
	(Signature of chairman, vi	ice chairman, oi	r officer)		
8. Dne	cra	_			
	(Name and capacity of person	signing in num	iber 7 above)		
9. Signature of registere	d agent:				
. I hereby accept the app 607.0505, Florida Status	pointment as registered agent. I	am familiar	with and accept the obli	igations of sec	tion
			6/17/	10	
(Registered agent	accepting appointment)	-	(Date)	·	

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314