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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

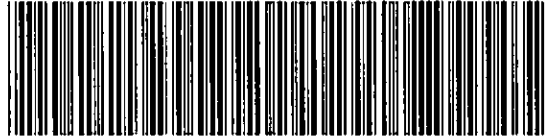
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APR 30 2020

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Thisbe II 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:

Thomas E Vickers  
Name of Person  
Firm/Company  
PO Box 1715  
Address  
Boca Raton, FL 33429  
City/State and Zip Code  
ThomasEVickers@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas E Vickers at (561) 271-1399  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2020

THOMAS E VICKERS  
P.O. BOX 1715  
BOCA RATON, FL 33429

SUBJECT: THISBE II LLC  
Ref. Number: W20000037165

We have received your document for THISBE II LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 320A00007885

RECEIVED  
APR 24 2020

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. Thisbe II 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. Marshall Islands (Jurisdiction under the law of which foreign limited liability company is organized)
3. 66-0941184 (FEI number, if applicable)

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

5. 2700 North Military Trail Suite 210 (Street Address of Principal Office)
6. PO Box 1715 (Mailing Address)
Boca Raton, FL 33431 Boca Raton, FL 33429

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

Name: Thomas E Vickers
Office Address: 2700 North Military Trail Suite 210
Boca Raton, Florida 33431
(City) (Zip code)

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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)

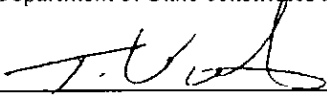
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Cornelis F Wit</u>	<input type="checkbox"/> Manager	Name: <u>Thomas E Vickers</u>
<input checked="" type="checkbox"/> Member	Address: <u>2101 West Commercial Blvd</u>	<input type="checkbox"/> Member	Address: <u>2700 North Military Trail</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 3500</u> <u>Fort Lauderdale, FL 33309</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite 210</u> <u>Boca Raton, FL 33431</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input checked="" type="checkbox"/> Other <u>Treasurer</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
  
Thomas E. Vickers  
 \_\_\_\_\_  
 Typed or printed name of signee

THE REPUBLIC OF THE MARSHALL ISLANDS  
REGISTRAR OF CORPORATIONS

**CERTIFICATE OF GOODSTANDING**

I HEREBY CERTIFY, That I have made a diligent examination of the files of The Trust Company of the Marshall Islands, Inc., Registrar of Corporations for non-resident limited liability companies, in respect of all instruments filed in accordance with § 14 of the Marshall Islands Business Limited Liability Company Act regarding

**THISBE II LLC**  
**Registration Number 964858**

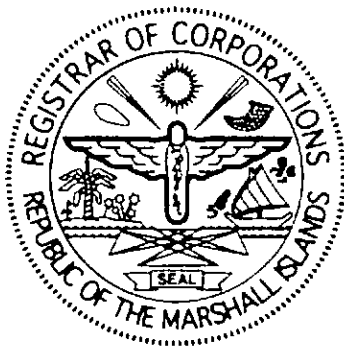
formed on

**February 21, 2020**

and with Registered Agent

**The Trust Company of the Marshall Islands Inc.**  
**Trust Company Complex**  
**Ajeltake Road, Ajeltake Island**  
**Majuro, Marshall Islands MH96960**

and upon such examination, I find no filed or recorded instruments that would contravene that such limited liability company is and remains a subsisting limited liability company and that the limited liability company has paid all taxes and fees due and payable and, therefore, is in good standing as of the date hereon.



WITNESS my hand and the official seal of the  
Registry on March 27, 2020.

*Cisilia Jean*

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Cisilia Jean  
Deputy Registrar