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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEIVER A FORESCEN LIMITED LIABILITY

1. Saltwalker Sport Fishing and Bait, LLC (Name of Foreign Limited Clability Company, maist sactude "Limited Liability Company," "L.C.C.," or "LLCC.") (If name unavailable, enter atternant name adopted for the purpose of transacting business in Florida. The alternate name may include "Limsted Liability Company," "[LLC," or "] [CC] the adulted under the fea in which foreign lineed liability company is organizate. (til masher, if applicable) (Date first trensacted bustness to Florida, it prior to reputrative.) (See sections 405,0904 & 605,0905, F.S. to determine penalty liability) 33256 State Park Road #100 33256 State Park Road #100 (Street Adaress of Principal Office) P O Box 40102 P O Box 40102 South Padre Island, TX 78597 South Padre Island, TX 78597 7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

		·	•		
Name:	Researcher's Associates, Inc.				
Office Address:	633 Tumberlane Road				
	Tailahassee	_		32312	

Registered agent's acceptance:

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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.

Makey & Say (Registered storm's vientral)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Michael Walker Name: _____ **≅** Manager □ Manager 33256 State P ark Road #100 Address. ☐ Member ∐Member South Padre Island, TX 78597 □ Authorized □ Authorized Person Person []Other____ DOther_ Other____ Other____ Name: □ Manager □ Manager Name: □ Member Address: ☐ Member Address: _____ ☐ Authorized ☐ Authorized Реткол Person Other_ CIOther_____ □ Other__ Other____ ☐ Manager ☐ Manager Name: _____ Name: ____ ☐ Member Address: □ Member Address: _____ □ Authorized □ Authorized Person Person □Other. []Other_ Other _ []Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Michael Walker

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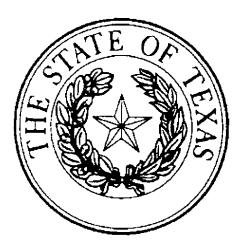
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SaltWalker Sport Fishing and Bait, LLC (file number 801679925), a Domestic Limited Liability Company (LLC), was filed in this office on November 06, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 12, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1110709440003