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K. SALY EXAMINER

AUG 17 -



APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR

	Limited Partnership Isiness in Florida						
60 - 11	vices Ltd.						
(Name of Limited Partnership or Limited Liability Li-	mited Partnership, which must include suffix)						
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.							
If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.							
2. Delaware 3. 8-9-2016							
4. Federal Employer Identification Number: 98-1317659 Date of Formation							
5. Name of Registered Agent for Service of Process and Florida	Street Address:						
Padial & Company, PA	The second secon						
999 Ponce de Lean Blvd, Juite	705						
Coral Gables, R. 33134							
6. I hereby accept the appointment as registered agent and agree t	o act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of						
my position as registered agent.	sy my dunes, and 1 am jamusar with and accept the configurous of						
Fuall							
Signature of Registered Agent							
-							
-	tailing Address: 999 Ponce de Leon Blvd						
-	failing Address:						
-	1999 POOCE OK LEON BIVE.						
-	Sure 705 Coral Gables, 12.33134						
7. Principal Office: 999 Parce de Leon Blvd Suite 705 (OM Cablo F 33134	Suite 705 Caral Gables, 12.33134 p, check box.						
7. Principal Office: 9. If limited partnership is a limited liability limited partnership. 10. Namo, principal office address, and mailing address of exchange.	Suite 705 Caral Gables, 12.33134 p, check box.						
7. Principal Office: 9. If limited partnership is a limited liability limited partnership. 10. Namo, principal office address, and mailing address of exchange.	Suite 705 COTOLOADICS, 12.33154 p, check box.						
7. Principal Office: 9. If limited partnership is a limited liability limited partnership. 10. Name of General Partners. John Sum MO	Sute 705 COTOL Onbles, 12. 33134 p, check box. I general partner: Name of General Partner:						
7. Principal Office: 9. If limited partnership is a limited liability limited partnership. 10. Name, principal office address, and mailing address of exch. Street Address: 999 Ponce de 1500 Blvc. Street Address: 999 Ponce de 1500 Blvc.	Sute 705 COTOL Onbles, 12. 33134 p, check box. I general partner: Name of General Partner:						
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7. Principal Office: QQQ Parce de lean Blvd Stutt 705 QM Gables E 33134 9. If limited partnership is a limited liability limited partnershi 1D. Name, principal office address, and mailing address of each Name of General Partner: JOCAL STANDING Street Address: QQQ Parce de, Lean Blvd Mailing Address: QQQ Parce de, Lean Blvd Mailing Address: QQQ Parce de, Lean Blvd Mailing Address: QQQ Parce de, Lean Blvd 33134	Suite 705 COTOL Cables, R. 33/34 p, check box. I general partner: Name of General Partner: Street Address:						
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7. Principal Office: QQQ PACE AC LCA BIVA SULL 705 OM CABLS FL 33134 9. If limited partnership is a limited limbility limited partnershi 1D. Namo, principal office address, and mailing address of exch Name of General Partner: JOCAL SUMMAN Street Address: QQQ PACE AC LCA BIVA Mailing Address: QQQ PACE AC JOCAL SIGNATURE Mailing Address: QQQ PACE AC JOCAL SIGNATURE Name of Contral Partner:	Suite 705 Corol Gables, E. 33/34 p, check box. I general partner: Name of General Partner: Mailing Address: Name of General Partner:						
7. Principal Office: QQQ PACE AC LCA BIVA SULL 705 OM CABLS FL 33134 9. If limited partnership is a limited limbility limited partnershi 1D. Namo, principal office address, and mailing address of exch Name of General Partner: JOCAL SUMMAN Street Address: QQQ PACE AC LCA BIVA Mailing Address: QQQ PACE AC JOCAL SIGNATURE Mailing Address: QQQ PACE AC JOCAL SIGNATURE Name of Contral Partner:	Suite 105 COTOL Cables, R. 33/30 p, check box. I general partner: Street Address: Name of General Partner: Street Address: Street Address:						



Page	l of 2					
	Name of General Pariner					
Street Address:	Street Address:					
Mailing Address:	Mailing Address:					
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the dat	e this document is filed by the Florida Department of State.)					
12. Attached in a certificate of existence duly authenticated, not more Plorida Department of State, by the Secretary of State or other official the law of which it is organized. Signed this day of						
Signed inis 4 day of 4 day of 20 6 Signature of a general partner						
Selftaente of a general butettet.						
The individual signing this document affirm that the facts elated hereit submitted in a document to the Department of State constitutes a third						



Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARITIME HUB SERVICES LTD" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND WAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SROW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARITIME HUR SERVICES LTD" WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2016.

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

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Authentication: 202821166

Date: 08-12-16