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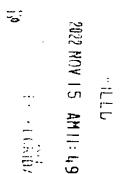
(Re	equestor's Name)				
(Address)					
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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ.	Callan Marine Ltd					
эовэ.	Name of Foreign Limited Partn	ership	o or Limited Liabilit	y Lim	ited Partnership	
partne	sclosed application, certificate of status and fearship to transact business in Florida.  return all correspondence concerning this materials.			r a for	reign limited partnership or limited lia	bility limited
Kimb	erly Karp					
	Contact Person		-			
Sulliv	an Brothers Family of Companies					
	Firm/Company					
P.O. E	30x 17017					
	Address					
Galve	ston, Texas 77552					
	City, State and Zip Code					
-	ept@sullbros.com					
E-m	ail address: (to be used for future annual repor	t noti	fication)			
For fu	ther information concerning this matter, pleas	e call	l:			
Kimb	erly Karp	at (	409 , 261-	-3128		
	Name of Contact Person		Area Code and Day	rtime 1	Celephone Number	
Enclos	sed is a check for the following amount:					
(\$9	000.00 Filing Fee 065 Filing Fee and 5 Registered Agent c)		1,052.50 Filing Fees and Certified Copy	s 🖃 S	\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regi Divi: The 2415	sion o Centr 5 N. N	ress: on Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303	

### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Callan Marine Ltd (Name of Limited Partnership or Limited Liability Limited 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. Date of Formation State or Country of Formation 4. Federal Employer Identification Number: 27-0893527 5. Name of Registered Agent for Service of Process and Florida Street Address: InCorp Services, Inc. 17888 67th Court North Loxabatchee, FL 33470 6. 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 Janice Null on behalf of InCorp Services, Inc. my position as registered agent. Signature of Registered Agent 8. Mailing Address: 7. Principal Office: P.O. Box 17017 6800 Harborside Dr Galveston, TX 77552 Galveston, TX 77554 9. If limited partnership is a limited liability limited partnership, check box.  $\Box$ 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: Name of General Partner: 6702 Broadway St. Street Address: Street Address: Galveston, Texas 77554 Mailing Address: P.O. Box 17017 Mailing Address: Galveston, TX 77552 Name of General Partner:\_\_\_\_\_\_ Name of General Partner:\_\_\_\_\_\_ Street Address: Street Address: \_ Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

## Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the addocument's effective date on the Department of State's red  12. Attached is a certificate of existence duly authenticated Florida Department of State, by the Secretary of State or o	fier the date this document is filed by the Florida Department of State.)  pplicable statutory filing requirements, this date will not be listed as the
signed this day of November	<u></u>
The individual signing this document affirms that the facts	Sullivan Industrial LLC  John R. Sullivan - Authorized Signatory stated herein are true and the individual is aware that false information tutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

# 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 CALLAN MARINE LTD (file number 801167770), a Domestic Limited Partnership (LP), was filed in this office on September 09, 2009.

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 November 13, 2022.



John B. Scott Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1196142460005