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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE

Taylor NAX 51 Stage

COVER LETTER

TO: New Filing Section Division of Corpor			
SUBJECT: Trident Marin			
SUBJECT:	 	tion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign co	or "Certificate of Good S	standing" and check are sub	
Please return all correspond	lence concerning this ma	tter to the following:	
Fred Trepper			
	Name	of Person	
Trident Marine Manufacturi	ng		
	Firm/C	Company	
3801 State Road 19			
	Ac	idress	
Tavares, FL 32778			201 SE TAL
	City/Stat	e and Zip code	AR H
sales@tridentpontoons			AHAS
	E-mail address: (to be use	ed for future annual report r	notification) 💥 🗢 🚺
For further information con	cerning this matter, pleas	se call:	AH IO: 40 OF STATE OF LONDA
Fred Trepper	at (352) 253-1400	5
Name of Person		ea Code & Daytime Telepho	one Number
STREET/COURING New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32 Enclosed is a check for the	ations nter Circle 301	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Manufacturing Inc.			_
	ED,	" "COMPANY," "CORPORATION,"	
			_
ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florid	a)
	3.		
nder the law of which it is incorporated)		(FEI number, if applicable)	
	5.	Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "per		(Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted busine	ss i	Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 60	7.15	602, F.S., to determine penalty liability)	
19, Tavares, FL 32778			
(Principal office	add	ress)	_
(Current mailing	add	ress)	_
		20 TAI	
Commercial Docks and USCG Certifie	d P	ontoon Boats	
of corporation authorized in home state o	rcc	ountry to be carried out in state of Florida)	<u> </u>
address of Florida registered agent: (P.C). Box NOT acceptable)	· FAG
Rebecca Cunningham		AM 10: 40	9
			25 m
3801 S.R. 19			E cris
3801 S.R. 19 Tavares		, Florida 32778	E of the second
	proporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.") ble in Florida, enter alternate corporate natural description of incorporation) (Date first transacted busine (SEE SECTIONS 607.1501 & 60 19, Tavares, FL 32778 (Principal office (Current mailing) Commercial Docks and USCG Certifier of corporation authorized in home state of address of Florida registered agent: (Rebecca Cunningham)	proporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.") ble in Florida, enter alternate corporate name	prporation; must include "INCORPORATED," "COMPANY," "CORPORATION," prp," "Inc," "Co," or "Corp.") ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida 27-2434475 under the law of which it is incorporated) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: ___ Address: ____ Vice Chairman: Director: Address: _ Director: Address: ___ **B. OFFICERS** President: Fred Trepper Address: 3801 S.R. 19 Tavares, FL 32778 Vice President: Address: Secretary: ___ Address: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Friend Tripo En (Typed of printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIDENT MARINE MANUFACTURING INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2010.

2010 MAY 20 AM 10: 40
SECRE ARY OF STATE



AUTHENTICATION: 7994486

DATE: 05-14-10

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