

F/4000004359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

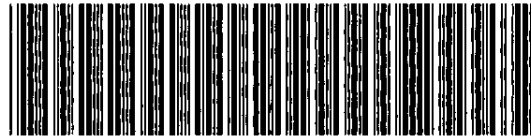
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/02/14--01014--014 **70.00

FILED
14 OCT 14 AM 11:21
SECRETARY OF THE
TREASURY

W14-60467

 10/15/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2014

WILLIAM RICHARDSON
2871 STIRLING ROAD
HOLLYWOOD, FL 33312

SUBJECT: GLOBAL MARITIME MEDICAL MANAGEMENT, INC.
Ref. Number: W14000060467

RECEIVED
14 OCT 14 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GLOBAL MARITIME MEDICAL MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ It appears that the word MANAGMENT in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled MANAGMENT. If you did not misspell this word intentionally, please correct the spelling to read MANAGEMENT and resubmit the document for processing.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 214A00021231

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Global Maritime Management, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William Richardson

Name of Person

Firm/Company

2201 N. Dixie Highway

Address

Wilton Manors, Florida 33305

City/State and Zip code

wmr @ macmiami.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beel

Name of Person

at 305, 458-9111

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$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.

1. **GLOBAL MARITIME MEDICAL MANAGEMENT, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

(State or country under the law of which it is incorporated)

3.

~~apparent for~~ 46-547
6786
(FEI number, if applicable)

4. **April 7, 2014**

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **7300 Kendall Drive Suite 700, Miami, Florida 33156**

(Principal office address)

7300 Kendall Drive Suite 700, Miami, Florida 33156

(Current mailing address)

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

Name: **William Richardson**

Office Address: **1200 14th Street 7D**

Miami Beach

(City)

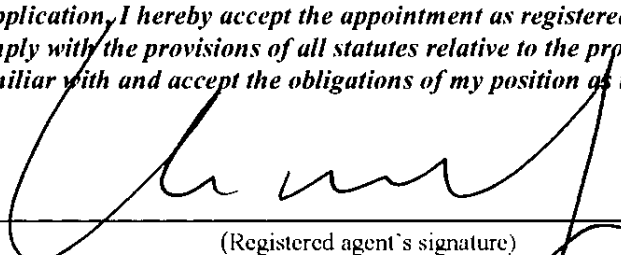
, Florida **33139**

(Zip code)

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TALLAHASSEE, FLORIDA

9. **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)

10. 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.

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

A. DIRECTORS

Chairman: Michael Carricarte

Address: 7300 Kendall Drive Suite 700, Miami, Florida 33156

Vice Chairman: Brian Carricarte

Address: 7300 Kendall Drive Suite 700, Miami, Florida 33156

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael Carricarte

Address: 7300 Kendall Drive Suite 700, Miami, Florida 33156

Vice President: Byron Palacios

Address: 7300 Kendall Drive Suite 700, Miami, Florida 33156

Secretary: Brian Carricarte (also VP)

Address: 7300 Kendall Drive Suite 700, Miami, Florida 33156

Treasurer: Brian Carricarte

Address: 7300 Kendall Drive Suite 700, Miami, Florida 33156

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Michael Carricarte, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL MARITIME MEDICAL MANAGEMENT, 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 TWELFTH DAY OF SEPTEMBER, A.D. 2014.

FILED
14 OCT 14 04:11:21
DELAWARE

5513015 8300

141084438

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1692449

DATE: 09-12-14