

File 000003598

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

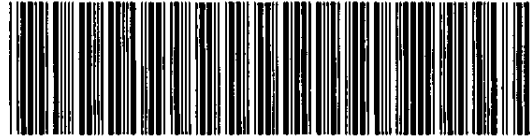
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W16-48461

6408 14099

Office Use Only



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AUG 12 2016  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 11 PM 5:29



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2016

ALI KHAN  
STRACHAN-KHAN REGISTERED AGENTS, INC  
4700 NW BOCA RATON BLVD STE 304  
BOCA RATON, FL 33431

SUBJECT: COMMOCEAN LTD, COMPANY  
Ref. Number: W16000048461

We have received your document for COMMOCEAN LTD, COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.~~

~~The name of your corporation is not available in Florida.~~ An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return 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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 916A00014610

2016 AUG 11 PM 4:18  
TALLAHASSEE, FL  
MAILING

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 11 PM 5:29

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COMMOCEAN FLORIDA LTD. COMPANY

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:

ALI KHAN

Name of Person

STRACHAN-KHAN REGISTERED AGENTS, INC.

Firm/Company

4700 NW BOCA RATON BLVD., SUITE 304

Address

BOCA RATON, FL 33431

City/State and Zip code

PCOB@NORTHROCK.BM

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

For further information concerning this matter, please call:

ALI KHAN

at ( 561 ) 241-9991

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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

# STRACHAN - KHAN REGISTERED AGENTS, INC.

4700 NW BOCA RATON BLVD., #304, BOCA RATON, FL 33431 USA  
TEL: (561) 241-9991 FAX: (561) 826-9299 E-MAIL: KS@TAXINTL.COM

KELLY STRACHAN, E.A.

ALI KHAN, CPA

August 9, 2016

Sheila H. Young, Regulatory Specialist II  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Young:

**SUBJECT: REFERENCE NUMBER: W16000048461**  
**LETTER NUMBER: 916A00014610**  
**COMMOCEAN FLORIDA LTD. COMPANY**

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL  
16 JUL 11 PM 5:30

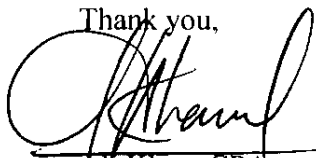
As per letter 916A00014610 dated July 13, 2016, we are sending the necessary documentation to complete the Registered Agent filing process for Commocean Florida Ltd. Company. We have changed the name of the corporation to Commocean Florida Ltd. Company and have provided a street address for the corporation's principal office address. Kindly find enclosed the following:

1. Copy of Letter Number 916A00014610, and
2. Authorization to Transact Business in Florida application.

Accordingly, we would be grateful if you would process the Authorization to Transact Business application for Commocean Florida Ltd. Company.

If you have any questions, you may contact me at (561) 241-9991. We are genuinely appreciative of your assistance.

Thank you,



Ali Khan, CPA

AK/tk

Encl.

**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.*

COMMOCEAN FLORIDA LTD. COMPANY

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

COMMOCEAN LTD. COMPANY

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

BRITISH VIRGIN ISLANDS

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

FEBRUARY 23, 2016

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

MARCH 18, 2016

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

WILLIAMS HOUSE, 2ND FLOOR, 20 REID STREET, HAMILTON, HM 11, BERMUDA

7. \_\_\_\_\_  
(Principal office address)

P.O. BOX FL617, FLATTS, BERMUDA

(Current mailing address, if different)

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


Name: STRACHAN-KHAN REGISTERED  
AGENTS INC.

Office Address: 4700 NW BOCA RATON BLVD., SUITE 304

BOCA RATON, Florida 33431  
(City) (Zip code)

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.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 11 PM 5:30

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

**A. DIRECTORS**

Chairman: CHRISTINE MCHARG  
Address: 41 TUCKERS TOWN ROAD  
ST. GEORGE'S, BERMUDA

Vice Chairman: ROBERT BURNS  
Address: 9 KENT AVENUE  
DEVONSHIRE, BERMUDA

Director: DAVID G. GOODWIN  
Address: WILLIAMS HOUSE, 2ND FLOOR, 20 REID STREET  
P.O. BOX HM 3396, HAMILTON, HM PX BERMUDA

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**


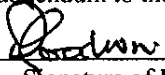
President: CHRISTINE MCHARG  
Address: 41 TUCKERS TOWN ROAD  
ST. GEORGE'S, BERMUDA

Vice President: ROBERT BURNS  
Address: 9 KENT AVENUE  
DEVONSHIRE, BERMUDA

Secretary: DAVID G. GOODWIN  
Address: WILLIAMS HOUSE, 2ND FLOOR, 20 REID STREET, P.O. BOX HM 3396, HAMILTON, HM PX BERMUDA

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

**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 11 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. CHRISTINE MCHARG  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 16 JUL 11 PM 5:30

FILED STATE  
SECRETARY OF THE TERRITORY  
TALLAHASSEE, FLORIDA  
16 JUL 11 PM 5:30

**TERRITORY OF THE BRITISH VIRGIN ISLANDS  
BVI BUSINESS COMPANIES ACT, 2004**

**CERTIFICATE OF INCORPORATION  
(SECTION 7)**



60091507B9

The REGISTRAR of CORPORATE AFFAIRS, of the British Virgin Islands HEREBY CERTIFIES, that pursuant to the BVI Business Companies Act, 2004, all the requirements of the Act in respect of incorporation having been complied with.

**Commocean Ltd**

**BVI COMPANY NUMBER: 1906910**

is incorporated in the BRITISH VIRGIN ISLANDS as a BVI BUSINESS COMPANY, this 23rd day of February, 2016.



*for* **REGISTRAR OF CORPORATE AFFAIRS**  
*23rd day of February, 2016*