

F19000220274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

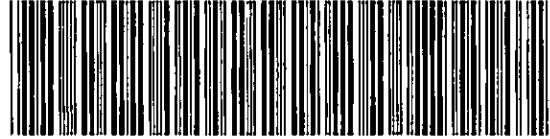
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2019 JAN -3 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/16/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Marine of Maryland, 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:

James Renfrow Jr.
Name of Person

Total Marine of Maryland, Inc.
Firm/Company

301 Pier One Road Building 4 Suite 102
Address

Stevensville, MD 21666
City/State and Zip code

jrenfrow@totalmarine.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Renfrow at (410) 604-6000
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

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

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

2. Maryland 3. 46-5269963
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 301 Pier One Road Building 4 Suite 102
Stevensville, MD 21666 (Principal office address)

(Current mailing address, if different)

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

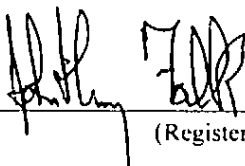
Name: John Henry Falk

Office Address: 801 Seabreeze Blvd.
Ft. Lauderdale . Florida 33316
(City) (Zip code)

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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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas Caruso

Address: 19 Conley Ct.

Ridgefield, CT 06877

Vice President: John Caruso

Address: 896 N. Federal Hwy. Apt #332

Lantana, FL 33462

Secretary: James Renfrow Jr.

Address: 315 Austin Ct. Centreville, MD 21617

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. James Renfrow Jr.

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Peter Franchot
Comptroller

Sandra Zinck
Director
General Accounting Division

12/14/18

JAMES RENFROW JR
301 PIER ONE RD BLDG 4 STE 102
STEVENSVILLE MD 21666

Dear Sir/Madam:

The following Good Standing Certificate is being issued by the Maryland State Comptroller as requested:

This is to certify that all taxes and charges known to be due to the State of Maryland, as reflected in the records of the Comptroller of the Treasury, General Accounting Division, as of this date, payable through the State Comptroller's Office or the Department of Labor, Licensing and Regulation Division of Contributions by

TOTAL MARINE OF MARYLAND INC
F465269963

have been paid.

We make no representation as to the payment of any tax or charge that may be determined to be due from

TOTAL MARINE OF MARYLAND INC

to the State of Maryland, but which is not reflected in the records of the Comptroller of the Treasury, General Accounting Division, as of this date.

Witness my hand and official seal this 14th day of December 2018.

deputy comptroller
Comptroller of Maryland

COT/GAD-409A