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From:	Account Name : C T CORPORAT Account Number : FCAC08000023 Phone : (614)230-333 Fax Number : (954)205-084	ę	28 P S H
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PLEASE HONOR ORIGINAL DATE 03-28-19

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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.

(Enter name of co	CruiseLineOwnerLtd. proporation; must include "INCORPORAT	ED," "COMPANY," "CORPORATION,"		
•	erp," "Inc. ^{); *} Co." or "Corp.") DruiseLineOwnerLtd., Ir	nc.		
(If name unavaila	ble in Florida, enter alternate corporate no	ame adopted for the purpose of transacting	business in Florida)	
		•		
(State or country	y under the law of which it is incorporated	3. 98-1337785 (FEI number, if appl	icable)	
November 16, 2	016	5.		
(Date of incorporation) 5.		(Date of duration, if other th	وسيع (ر) سنر	
6. November 16, 2	016			
	(Date first transacted bushn (SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability	ost 💙 i	
7. SHIRLEY & CH.	arlotte streets, , N-4865, Nassa	U, New Providence, , Behamas		
	(Pr	incipal office address)		
	(Current n	nailing address, if different)		
8. Name and stree	t address of Florida registered agent:	(P.O. Box . NOT acceptable)		
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida 33324 (Zip code)		
	(City)	(Zíp code)		
designated in this further agree to c	ed as registered agent and to accept application, I hereby accept the app- ompty with the provisions of all statu	service of process for the above stated ointment as registered agent and agreetes relative to the proper and complete ons of my position as registered agent in System BreeZahnerAssistar	e to act in this capacity. I e performance of my	
	(Regist	ered agent's signature)		

10. Attached is a certificate of existence duty 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: Kevin Martin Sheehan	
Address: 3750 Las Vegas Blyd, Unit #3106	·
Las Vegas, Nevada 89158	
Director:	
Address:	201
	THE T
B. OFFICERS	- 6
President:	THE TOTAL
Address:	
Addition	
Vice President: OneilKhosa	•
47740 Cadana Driva Paga Patan El 33496	
Secretary:	
Address:	
Trousurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	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) affi are true and that he or she is aware that false information submitted in a document to the	irms that the facts stated herein Department of State constitutes
a third degree felouv as provided for in s.817.155, F.S/	•
13. Oneil Khosa, Vice President	(an)
(Typed or printed name and capacity of person signing applicati	OH)

