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(Requestor's Name)			
(Address)			
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, ,			
(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
<u>}</u>			
Special Instructions to Filing Officer:			
<i>‡</i>			

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Office Use Only



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BKINSEY

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 901084 8100083

AUTHORIZATION :

COST LIMIT : \$ 78.00

ORDER DATE: August 28, 2019

ORDER TIME : 1:22 PM

ORDER NO. : 901084-005

CUSTOMER NO: 8100083

FOREIGN FILINGS

NAME: MARITIME CONSTRUCTION AND

CONSULTING SERVICES, INC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

	tration Section				
Divisi	ion of Corporations				
SUBJECT:	Maritime Construction and Consulting Services, Inc.				
Name of corporation - must include suffix					
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Standing" a	rization to Transact Business in Florida," and check are submitted to register the lorida.		
Please return of Thomas Grunv	all correspondence concerni vald	ing this matter to the	following:		
		Name of Person			
Maritime Cons	struction and Consulting Service	es, Inc.			
		Firm/Company			
10344 Panama	St				
-		Address			
Cooper City, F	L 33026				
City/State and Zip code					
thomas.grunwa	ald78@gmail.com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Thomas Grunwald 267 970 6128					
Name	e of Person	Area Code	Daytime Telephone Number		
Regis Divisi Clifto 2661	EET/COURIER ADDRES tration Section ion of Corporations in Building Executive Center Circle hassee, FL 32301	S :	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	check for the following amo	ount:			

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

(viatitiiiic Const	ruction and Consulting Services, Inc.			
Enter name of c Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,	
f name unavail:	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting 83-4425405	g business in F	lorida)
(State or country under the law of which it is incorporated) 05/06/2016 (Date of incorporation) 5.			(FEI number, if applicable)	
		(Date of duration, if other	(Date of duration, if other than perpetual)	
	(SEE SECTIONS 607.1501 & 607.150	oz, r.s., to determine penalty habins	•57	
	t, Cooper City, FL 33026	al office address)		
	, Cooper City, FL 33026 (Principa		······································	2019
	, Cooper City, FL 33026 (Principa	al office address) g address, if different)		2019 AUG 29
Name and <u>stree</u>	(Principal) (Current mailing) et address of Florida registered agent: (P.O	al office address) g address, if different)		\sim

1 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.

Corporation Service Company By:	Lydia Cohen Asst. Vice President
	agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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

A. DIRECTORS Sole Director: Thomas Grunwald			
Chairman:			
Address:			· · · · · · · · · ·
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:	<u> </u>		
B. OFFICERS			·
Thomas Grunwald			
President:	: · · · · · · · · · · · · · · · · · · ·	2019	
Address:		<u></u>	11
	·····	<u> </u>	
Vice President:			13 577627
Address:	ξr.,	=	6 - E
			 -
Secretary;			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or di	rectors	-
Signature of Director or Officer The officer or director signing this document (and who is listed in purpler 11 above) affirms			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms are true and that he or she is aware that false information submitted in a document to the Dep a third degree felony as provided for in s.817.155, F.S. Thomas Grunwald, Sole Director Thomas Grunwald, Sole Director			
(Typed or printed name and capacity of person signing application)			

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/29/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Maritime Construction & Consulting Services, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190829100320-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify