# Fa100001472

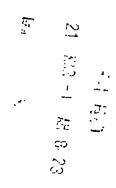
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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### **COVER LETTER**

	stration Section					
	Alexander Marine USA, Inc					
SORTECT:			ation - m	ust include suffix		
Dear Sir or M	ladam:					
"Certificate of	of Existence." o	by Foreign Corporation or "Certificate of Good rporation to transact b	Standing	and check are sub	et Business in Florida." mitted to register the	
Please return	all correspond	ence concerning this n	natter to t	he following:		
Christina Ocar	про					
		Nan	e of Pers	on		
Alexander Ma	rine USA, Inc.					
		Firm	/Compan	y		
1001 Fairview	Ave N. Ste 140	)				
	-		Address			
Seattle, WA 9	8109					
		City/St	ate and Z	ip code		
cocampo@ale	xandermarineusa	.com				
	E	-mail address: (to be t	ised for f	uture annual report n	otification)	
For further in	nformation con	cerning this matter, ple	ase call:			
Christina Ocampo 425 4			50-9670  Daytime Telephone Number			
Nam	ne of Person	Area	Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	heck payable to:	Collowing amount: FLORIDA DEPARTN \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified 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.

Alexander Mari	ne USA, Inc.					
	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATIO	N."			
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transactii	ng business ir	Florid	la)	
. WA	3 40	-5650285				
(State or countr 05/13/2014	y under the law of which it is incorporated)	(FEI number, if applicable)				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
. 1/1/21 5		`				
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		ity)		<del></del>	
, 2955 W State Rd.	Fort Lauderdale, FL 33312					
	(Principal office	street address)				
1001 Fairview A	ve N, Ste 1400, Seattle, WA 98109					
	(Current mailing	address, if different)		•	_	
. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)				
Name:	Corporation Service Company					
Office Address:	1201 Hays St		77.7	~		
	Tallahassee	 Florida <u></u> .				
	(City)	(Zip code)		ز.:	٠.	
) D!				!	-	
	ent's acceptance: ied as registered agent and to accept service	of process for the above state	d corporatio	neat ti	he place	
lesignated in this	application, I hereby accept the appointme	nt as registered agent and agr	ee to act in t	this ca	pacity. I	
further agree to c	omply with the provisions of all statutes rela with and accept the obligations of my posit	itive to the proper and comple	te performa	1	"my duties	
i <b>na 1 um jum</b> iliai	with and accept the obligations of my past	ton as registerea agent.		(3)		
	V L	100				
	Y IMEO COLV	1010				
_3	(Registered agent's sign	nature)				

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.

#### A. DIRECTORS Name: \_\_\_\_\_ ☐ Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director □President □ President ☐Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer Johnny Chuch Other\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Chairman Name: □ Chairman Name: \_\_\_\_\_ Address: □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman □Director □Director □President □President □Vice President \_\_\_\_\_ ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other ...\_\_ □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ Name: \_\_\_\_ Name: ☐ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman Address: □Director □Director □President □ President □Vice President \_\_\_ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Johnny Chueh





## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

#### ALEXANDER MARINE USA INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/13/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

02/22/2021

UBI Number:

603 402 889



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

ten Ulgna

Date Issued: 02/22/2021