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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

SP Cruises OpCo Inc.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SR

Audit No H210003703553

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. SP Cruises OpCo Inc.

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

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

2. Bermuda 3. 98-1583360

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. February 15th, 2021

5. Perpetual

(Date of incorporation)

(Date of duration, if other than perpetual)

6. Upon issuance of certificate of authority to transact business in Florida

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

7. 3059 Grand Ave., Coconut Grove, Florida 33133

(Principal office street address)

(Current mailing address, if different)

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

Name: Laura Ross, Esq.

Office Address: 1395 Brickell Avenue, 14th Floor

Miami, Florida 33131

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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Audit No H210003703553**A. DIRECTORS**

☐ Chairman Name: Orlando Ashford
☐ Vice Chairman Address: 3059 Grand Ave.
☒ Director Coconut Grove, FL 33133
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Laura Ross
☐ Vice Chairman Address: 1395 Brickell Avenue
☐ Director 14th Floor
☐ President Miami, FL 33131
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Auth. Rep. _____ ☐ Other _____

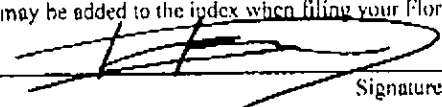
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Carola Elizabeth Cabezas
☐ Vice Chairman Address: 3059 Grand Ave.
☒ Director Coconut Grove, FL 33133
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Francisco Mallmann
☐ Vice Chairman Address: 3059 Grand Ave.
☒ Director Coconut Grove, FL 33133
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

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. Laura Ross - Authorized Representative
 (Typed or printed name and capacity of person signing application)

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Registration No. 56335



GOVERNMENT OF BERMUDA
Registrar of Companies

BERMUDA

MINISTRY OF FINANCE

CERTIFICATE OF COMPLIANCE

I, Kenneth Joaquin, **Registrar of Companies**, in the Islands of Bermuda, do hereby certify that

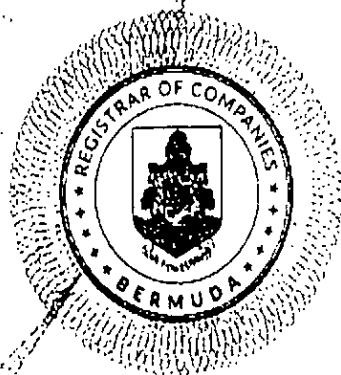
SP Cruises OpCo Limited

is a company duly incorporated under the laws of Bermuda and is, at the date of this Certificate, in good standing, under the **Companies Act 1981**.

Issued Date: 24th day of September 2021

A handwritten signature in black ink, appearing to be 'KJ' with a flourish.

Kenneth Joaquin
Registrar of Companies
24th day of September 2021



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