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SECRETARY OF STATE

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SHRI	ECT: DREAM YACHT AMERICAS, INC	
20119		tion - must include suffix
Dear S	ir or Madam:	
"Certi	sclosed "Application by Foreign Corporation ficate of Existence." or "Certificate of Good S referenced foreign corporation to transact bu	for Authorization to Transact Business in Florida." Standing" and check are submitted to register the siness in Florida.
Please	return all correspondence concerning this ma	atter to the following:
MARI	CBRANHAM	
	Name	e of Person
DREA	M YACHT AMERICAS, INC	
	Firm/e	Company
2189 (	CLEVELAND ST. STE 270	
	A	ddress
CLEA	RWATER, FL 33765	
	City/Sta	ate and Zip code
MARI	CBRANHAM@DREAMYACHTCHARTER.CC	
	E-mail address: (to be us	sed for future annual report notification)
For fu	rther information concerning this matter, plea	ase call:
MAR	C BRANHAM at (at (	249-8199
	Name of Person Area	Code Daytime Telephone 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
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTM 0.00 Filing Fee  \$\Begin{array}{c} \Boxed{S78.75} \text{ Filing Fee & Certificate of Status}	ENT OF STATE

#### 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.

DREAM YACHT AMERICAS, INC								
		orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D,	` "COMPANY," "CORPORATIO	N."			
	DREAM YACI	IT CHARTER						
	(If name unavaila	able in Florida, enter alternate corporate na	ne	adopted for the purpose of transactir	ng business in Florida)			
2.	MARYLAND		3.	27-3728685				
(State or country under the law of		y under the law of which it is incorporated)		(FEI number, if ap	f applicable)			
4.	11/24/2010		5.					
	(Date	of incorporation)		(Date of duration, if other than perpetual)				
6.								
				a Florida, if prior to registration) 502, F.S., to determine penalty liabil	itv)			
_	2189 CLEVELA	ND ST, CLEARWATER, FL 33765		······································	•			
7.			offi	ce <u>street</u> address)				
					<b>2022</b> SEI			
		(Current ma	ilir	g address, if different)	2022 JAN I I SEGRETAR TALLIAHASS	1		
					JAN I I RETARY AHASSE			
8.	Name and stree	et address of Florida registered agent: (	P.C	). Box NOT acceptable)	mo P	٦		
	Name:	MARK BRANHAM			L C D II AM 10: 16 SSEE, FLORIDA			
		2189 CLEVELAND ST, STE 270			9: 1: 1/4TB 0RIC			
O	ffice Address:				<b>6</b>			
		CLEARWATER		Florida				
		(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.

mark branham	
(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.

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 2189 CLEVELAND ST, ST 270	□Vice Chairman	Address:	
■Director	CLEARWATER, FL 33765	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President	-	
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		☐Treasurer
□Other	□Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The at e added to the index when filing your Florida Departression of the brain of Director Signature of Director o	ment of State Annual Re	eport form.	purposes only, Non-indexed

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.

MARK BRANHAM

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DREAM YACHT AMERICAS, INC. (D13776851), INCORPORATED SEPTEMBER 30, 2010, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT, THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 17, 2021.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 - Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT Voice