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PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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S. HAWKES MAR - = 2021



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Reference #:	Date: March 23, 2022	Account#: I20000000088
Entity Name: GREENSEA SYSTEMS, INC. Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name	Name: GREG PINTACUDA	
 ✓ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ☐ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal ☐ Fictitous Name 	Reference #:	
□ Amendment □ Change of Agent □ Reinstatement □ Conversion □ Merger □ Dissolution/Withdrawal □ Fictitous Name	Entity Name: GREENSEA SYSTEMS, INC.	_
□ Change of Agent □ Reinstatement □ Conversion □ Merger □ Dissolution/Withdrawal □ Fictitous Name	✓ Articles of Incorporation/Authorization to Transact Busines	SS
□ Reinstatement □ Conversion □ Merger □ Dissolution/Withdrawal □ Fictitous Name	☐ Amendment	
 ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal ☐ Fictitous Name 	☐ Change of Agent	
 Merger □ Dissolution/Withdrawal □ Fictitous Name 	Reinstatement	
☐ Dissolution/Withdrawal ☐ Fictitous Name	Conversion	
Fictitous Name	☐ Merger	
	☐ Dissolution/Withdrawal	
Other	Fictitous Name	
	Other	
Authorized Amount:\$70 Signature:	Harlette	

+44 (0)20.3786.1090

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT: Greensea Systems, Inc.			
500,		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ling" and check are subi	
Please	return all correspondence concerni	ng this matter	to the following:	
Alisa P	axton			
		Name of F	Person	
Moody	Advisors PLLC			
		Firm/Comp	pany	
50 Lak	eside Ave., Suite 550			
		Addre	SS	_
Burling	gton, VT 05401			
		City/State an	d Zip code	
apaxtor	n@moodyadvisors.com			
	E-mail address	: (to be used fo	or future annual report n	otification)
For fur	ther information concerning this m	atter, please co	all:	
Alisa P	Name of Person at (802 Area Code Daytime Telephone Number			
	Name 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		
Please r	ed is a check for the following amonake check payable to: FLORIDA DF .00 Filing Fee	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified 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.

	orporation: must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	." "COMPANY," "CORPORATION	V."		-
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in	Florida)	_
2. VT	3				
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)		_
4. 11/22/2006	5				
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)		_	
6					
		in Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)		_
7. 10 East Main Stre	et, Richmond, VT 05477				
	(Principal of	ice <u>street</u> address)			_
	-				
	(Current maili	ng address. if different)		~``	
8. Name and stree	<u>t address</u> of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	:	٠.	4
Name:	Cogency Global Inc.			$\frac{\cdot}{23}$	
Office Address:	115 North Calhoun Street, Suite 4		•	.D.	្រែត្
Office Address.	Tallahassee	32301	, 126 चार्	AH 9: 31	1
	(City)	. Florida <u>Zzor</u> (Zip code)		30	
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes i with and accept the obligations of my po	ment as registered agent and agre relative to the proper and complet	e to act in th	ris capa	icity. I
	/s/ Eric Hood				
_	(Registered agent's s	signature)			
10 Attached is a	certificate of existence duly authenticated	not more than 00 days prior to de	dinami af thi	c annlie	ation to

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
□Chairman	Benjamin Kinnaman Name:	□ Chairman	Name:	
□Vice Chairman	Address: 10 East Main Street,	□Vice Chairman	Address:	
■Director	Richmond, VT 05477	□Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
Other CEO	□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
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

, Benjamin Kinnaman, President

s.817.155, F.S.

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

GREENSEA SYSTEMS, INC.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Nov 22, 2006.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

March 22, 2022

Given under my hand and seal of office, at Montpelier, the State Capital.

James C. Condos Vermont Secretary of State

Business ID: 0128001

Certificate Number: 2013960810001

