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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

_	istration Section sion of Corporations			
SUBJECT	Moore Yacht Sales, Inc			
SOBJECT	Name o	f corporation -	must include suffix	
Dear Sir or M	vladam:			
"Certificate	d "Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Stand	ing" and check are sub-	
Please return	all correspondence concernit	ng this matter t	o the following:	
Philip Moore				
		Name of P	erson	
Moore Yacht	Sales, Inc.			
		Firm/Comp	any	
30 Shaker Dr				
		Addres	8	
Buzzards Bay	, MA 02532			
		City/State and	l Zip code	
phil@moorey	rachtsales.com			
	E-mail address	: (to be used fo	r future annual report n	otification)
For further in	nformation concerning this ma	atter, please ca	H:	
Suzanne Moo	ore	508 at (ra Code Daytime Telephone Number	
Nar	ne of Person	Area Code	Daytime Telepl	none Number
Regi Divi The 241:	REET/COURIER ADDRESS istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	a check for the following amo theck payable to: FLORIDA DE iling Fee	$\frac{PARTMENT}{g} Fee \ \& \qquad \Box$	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

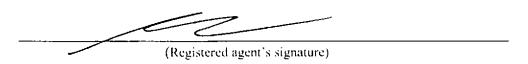
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1. Moore Yacht Sa	des, Inc.				
-	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp,")	ED."	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	me ad	opted for the purpose of transacting busi	ness in Florida)	-
2. MA		3 4	46-2235875		
(State or countr	y under the law of which it is incorporated) _	3. (FEI number, if applicable)		•
4. 09/05/2018		5.			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
6. December 2021					
	Buzzards Bay, MA 02532	7,130.	2. F.S., to determine penalty liability) street address)		_
PO Box 651 Buz	zards Bay, MA 02532	OHICC	sireer address)		
	(Current ma	iling	address, if different)		
8. Name and street Name:	et address of Florida registered agent: (Suzanne Moore	P.O.	Box <u>NOT</u> acceptable)	SLURE WAY 20 PH 5: 31	
Office Address:	3321 SE 14th Ave			PH PH	[7
	Ft. Lauderdale		Florida	PH 5: 3	
	(City)		(Zip code)	$\mathcal{O}_{\mathcal{F}}$ $\mathcal{O}_{\mathcal{F}}$	

9. Registered agent's acceptance:

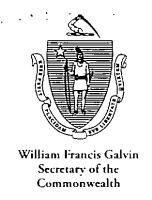
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



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: Philip Moore	□Chairman	Name: Suzanne Moore
□Vice Chairman	30 Shaker Dr Address:	□Vice Chairman	Address: 20 Shaker Dr
Director	Buzzards Bay, MA 02532	Director	Buzzards Bay, MA 02532
■ 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
	Use an attachment to report more than six (6). The atta e added to the index when filing your Florida Department of Director o	ent of State Annual Re	
	Signature of Director to		

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.



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

April 21, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

RESORT CHARTERS, INC.

was incorporated under the General Laws of this Commonwealth on May 3, 2012.

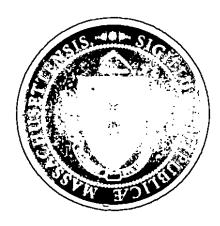
I also certify that by Articles of Amendment filed here **September 5, 2018**, the name of said corporation was changed to

MOORE YACHT SALES, INC.

I further certify that so far as appears of record here, said corporation still has legal existence.

I also certify that in an Annual Report filed here for fiscal year 2021, the Officers and Directors of said corporation are listed as follows:

SEE ATTACHED



Secretary of the Commonwealth

Villein Travino Galicin

In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Processed By:NGM