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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

Intrepid Ship Management, Inc.

Certificate of Status	1
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# 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	lanagement, Inc.		
	corporation; must include "INCORPORATED," 'Corp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flo	orida)
Delaware 2.	3		
(State or country	3		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			<del></del>
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
9487 Regency So	quare Blvd., Jacksonville, FL 32225		202
	(Principal office	street address)	2021: 21
	(Current mailing	address, if different)	2!
			7
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	<u> </u>
Name:	Corporate Creations Network Inc.	<u></u>	ر. <b>د</b>
Office Address:	801 US Highway 1	<del></del>	
	North Palm Beach	, 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.

VIII VIS	Nicholas Nichols, Special Secretary
(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: Coleman J. Cosgrove		
□Vice Chairman	9487 Regency Square Blvd.	□Vice Chairman	Address: 9487 Regency Square Blvd.		
Director	Jacksonville, FL 32225	Director	Jacksonville, FL 32225		
□President		□President			
□Vice President		■Vice President			
☐ Secretary	□Treasurer	Secretary	☐Treasurer		
■Other Senior	Vice President Other	□Other	Other		
□Chairman	Name: Reece B. Alford	Chairman	Name: R. Crowley, Jr.		
□Vice Chairman	9487 Regency Square Blvd. Address:	□Vice Chairman	· · ·		
□Director	Jacksonville, FL 32225	Director	Jacksonville, FL 32225		
□President		□President			
□Vice President		□Vice President	21		
Secretary	☐Treasurer	☐ Secretary	□Treasurer □		
Other Corpor	rate Secretary Other	Other			
□Chairman	Name: Daniel L. Warner	□Chairman	Name: Norman S. Himes, Jr.		
□Vice Chairman	Address:	□Vice Chairman	Address: 9487 Regency Square Blvd.		
□Director	Jacksonville, FL 32225	□Director	Jacksonville, FL 32225		
□President		□President	·		
□Vice President		■Vice President			
□Secretary	☐ Treasurer	Secretary	Treasurer		
CFO  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					

Signature of Director of 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.

## Additional list of Officers

Tony R. Otero, Assistant Treasurer 9487 Regency Square Blvd. Jacksonville, FL 32225

Bryan C. Smith, Assistant Treasurer 9487 Regency Square Blvd. Jacksonville, FL 32225

Richard D. Lamb, Jr., Assistant Treasurer 9487 Regency Square Blvd. Jacksonville, FL 32225

Arthur F. Mead, III, Assistant Corporate Secretary 9487 Regency Square Blvd. Jacksonville, FL 32225

Raymond F. Fitzgerald, Director 9487 Regency Square Blvd. Jacksonville, FL 32225 71122 July 21 Pil 4: 35

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTREPID SHIP MANAGEMENT, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTREPID SHIP MANAGEMENT, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 1988.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2022 July 21 Pli 4: 35



Authentication: 203975157

Date: 07-21-22